



Department of Justice

WorkSafe Tasmania

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Service Tasmania Office Use Only

Product Code 289

Fee collected \$16.50

Identification sighted

Declaration signed



Application for Replacement High Risk Assessor Accreditation Card

Assessor Accreditation Number:

Applicant Details

Title	Surname	Given Names
Address	Suburb	Post Code
Date of Birth	Email Address	Daytime Contact Number

Reason for Replacement

Lost
 Stolen
 Damaged
 Destroyed
 Not Received
 Other

Provide reason below why lost/stolen/damaged/destroyed:

I declare that the information contained in this application is true and correct

Signature

Date

Print Receipt Here