

- Fee collected
- Identification sighted
- Declaration signed



Application for Replacement High Risk Assessor Accreditation Card

Work Health and Safety Act 2012

Assessor Accreditation Number:

Applicant Details

Title: Mr Mrs Miss Ms Surname

Given Names Date of Birth

Address Suburb Post Code

Email Address Daytime Contact Number

- Lost Stolen Damaged Destroyed Not Received Other

Reason for Replacement

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

Signature

Date