



# Notification of Lost or Destroyed Licence - Application for issue of Duplicate Licence

Tobacco Products Control Act 2006

**FEE - \$45.00** **ENQUIRIES – 1300 784 892**

**Notification requirement**  
 The licence holder must notify the Department of Health within 14 days of becoming aware of the loss or destruction of the licence.

Web: [www.health.wa.gov.au](http://www.health.wa.gov.au)  
 Business hours: 8.30am – 4.30pm Monday – Friday  
 For interpreter services contact TIS National on 131 450  
**Lodgement information:**  
 Post: WA Health, PO Box 1335  
 WEST LEEDERVILLE WA 6901  
 Email: [tcb@health.wa.gov.au](mailto:tcb@health.wa.gov.au)

## Applicant information

Please use BLOCK LETTERS and a black or blue ballpoint pen

*I hereby notify the CEO of the Department of Health that my Tobacco Sellers Licence has been lost or destroyed and apply for a duplicate licence to be issued.*

1. Name of licence holder (applicant) \_\_\_\_\_

2. Business name \_\_\_\_\_

3. Licence number

4. Advise if licence lost or destroyed

Please tick appropriate box                      **lost**                       **destroyed**

5. Brief explanation of how licence got lost or destroyed

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Applicant signature

Must be signed by Licence holder or person authorised by Licence holder to sign

I .....(full name)

Person's signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

7. Details of person who may be contacted about this application

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

**For office use only:**

Date received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Approved: Y  N

Paid: \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Lodging this application

**This application form must be completed and returned intact with payment.**

Post Department of Health, PO Box 1335, WEST LEEDERVILLE WA 6901

Fax: 08 9382 0770 Email: [tcb@health.wa.gov.au](mailto:tcb@health.wa.gov.au) Telephone: 1300 784 892

## Payment options

*The Department of Health will not issue a receipt for this payment. This document becomes a tax invoice, please keep a copy for your records.*

### You can pay by **BPAY<sup>®</sup>** or **BPoint<sup>®</sup>**

Contact the Department of Health on 1300 784 892 for your customer reference number if you would like to make internet or telephone payment.



**Billers code: 474148**

**Ref:**

#### Telephone & internet banking – **BPAY<sup>®</sup>**

Contact your bank or financial institution to make this payment from your cheque, savings or transaction account.

**Record BPAY<sup>®</sup> receipt number here:** \_\_\_\_\_



**Billers code: 474148**

**Ref:**

#### Telephone & internet banking – **BPOINT<sup>®</sup>**

Pay with your credit card (Visa or MasterCard) using BPOINT<sup>®</sup>

INTERNET: <http://www.bpoint.com.au/payments>

Phone: 1300BPOINT (1300 276 468)

**Record BPOINT<sup>®</sup> receipt number here:** \_\_\_\_\_

## Cheque or money order

Make cheque or money order payable to 'Department of Health' and send with this application form (lodgement details on application form).