



## NOTIFICATION OF CHANGE OF ADDRESS

This form can be used by any individual that holds, or is involved with, occupational licence/s issued by the Commissioner for Consumer Protection to notify of a change of their personal contact details. Please contact the Licensing Advice Line on 1300 30 40 64 for advice regarding the process if you intend to relocate your business premises or wish to change any other details of a business licence.

Family Name			
Given Name/s			
Authorisation Number/s Licence/registration/certificate			
Employer/Trading Name		Position Held	
Employer/Business Address			
		Postcode	

I wish to advise the Commissioner of a change to my personal:

Residential Address  *Tick if applicable and complete details below*

Current Residential Address:			
		Postcode	
Previous Residential Address			
		Postcode	

Postal Address  *Tick if applicable and complete details below*

Postal address: *If the same as your residential address, please tick*

Current Postal Address			
		Postcode	
Previous Postal Address			
		Postcode	

Signature: ..... Date: .....

Contact No ..... Email: .....

**Post to:**  
 Licensing Branch  
 Consumer Protection  
 Department of Commerce  
 Locked Bag 14  
 CLOISTERS SQUARE  
 PERTH WA 6850

or **Fax to:**  
 08 9282 0861

or **Email to:**  
[licensingenquiries@commerce.wa.gov.au](mailto:licensingenquiries@commerce.wa.gov.au)