



**Department of Commerce
Consumer Protection**

REQUEST FOR A DUPLICATE REPAIRER'S CERTIFICATE

Name: _____

Address: _____

_____ Postcode _____

Certificate Number: MR _____ Telephone _____

Email Address _____

Please send to the Licensing Team:

- **Fax** 08 9282 0861 or
- **email:** licensingenquiries@commerce.wa.gov.au
- **By post** addressed to:

Licensing Branch
Consumer Protection
Locked Bag 14
Cloisters Square
PERTH WA 6850

- **In person** at:
Department of Commerce
Consumer Protection
Ground Floor
219 St Georges Terrace
PERTH