

Version 1  
LPB FORM 3

**WESTERN AUSTRALIA**

***Legal Profession Act 2008***  
**[section 59(1)]**

**Application by Practitioner for Amendment,  
Suspension or Cancellation of a Practising Certificate**

To: Legal Practice Board of WA  
L5 Kings Building  
533 Hay St  
Perth WA 6000

I, \_\_\_\_\_(insert name of practitioner)  
of \_\_\_\_\_(insert address of practitioner)

hereby make application for:

(Please tick appropriate box)

- amendment; or
- suspension; or
- cancellation

of my practising certificate, which was issued to me on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.  
(Date of issue of practising certificate) (dd/mm/yy)

**Reason for Seeking Amendment, Suspension or Cancellation of the Practising Certificate**

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*(Should there be insufficient space to complete full response please annex particulars and mark with the letters "AN 1" etc. Should you seek to rely upon any documents or any other material in respect of your application, a copy of the relevant document or material should be attached to this application.)*

**For Your Information**

Upon receipt of your application, if necessary, a submission will be prepared for the consideration of the Professional Affairs Committee of the Legal Practice Board. If the Professional Affairs Committee of the Legal Practice Board refuses to grant the application, it will provide to you a written notice of its decision.

**Certification**

I certify that the information set out in this form is true and correct and I have not omitted any relevant information.

Signature: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Date: \_\_\_\_\_