



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

Tobacco Products Control Act 2006

FEE - \$46.00

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

Business hours: 8.30am – 4.30pm Monday – Friday

For interpreter services contact TIS National on 131 450

Lodgement information:

Post: Tobacco Control Compliance, PO Box 8172

PERTH BUSINESS CENTRE, WA, 6849

Email: tcc.apply@health.wa.gov.au

Applicant information

Please use BLOCK LETTERS

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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: ____ / ____ / ____

Paid: _____

Approved: Y ☐ N ☐

Signature: _____ Position: _____

Date: ____ / ____ / ____

Lodging this application

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

Post Tobacco Control Compliance, PO Box 8172, PERTH BUSINESS CENTRE WA 6849
Fax: 08 9382 0770 Email: tcc.apply@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® or BPoint®

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®

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

Record BPAY® receipt number here: _____



Billers code: 474148

Ref:

Telephone & internet banking – BPOINT®

Pay with your credit card (Visa or MasterCard) using BPOINT®

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

Phone: 1300BPOINT (1300 276 468)

Record BPOINT® 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).