



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

Tobacco Products Control Act 2006

FEE - \$40.00 **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.tobaccocontrol.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

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 _____
 Fax _____
 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 Department of Health, PO Box 1335, WEST LEEDERVILLE WA 6901

Email: 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®** 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).