



Application for a Duplicate Debt Collector's Licence (Form 5)

Department of Commerce
Ground Floor "Forrest Centre"
219 St Georges Terrace
PERTH WA 6000

Locked Bag 14
Cloisters Square WA 6850

Licensing Advice Line
8:30am to 5:00pm
Monday to Friday
Tel: 08 9282 0833
Fax: 08 9282 0559

Country Callers
1300 30 40 54

Web Site
www.commerce.wa.gov.au

Please use a pen and write neatly using BLOCK LETTERS.

Tick where appropriate ☒

I (Mr/Mrs/Ms/Miss) _____
(surname) (other names)

of (place of abode) _____
(full address including State)

hereby make an application for a duplicate Debt Collector's Licence

Licence Number _____

Which was issued on the _____ day of _____ 20____
(date) (month) (year)

On behalf of _____
(Company name and ACN if applicable)

In my role as **Manager / Secretary / Other (Please specify)** _____
(Position in company if applicable)

I enclose the sum of \$30.75, being the prescribed fee.

My (or the company's) principal or sole place of business is situated at:

(full address including State)

Postal address (if different from above): _____

Phone number: (____) _____

Fax number: (____) _____

Email address: _____

The Licence Number _____ has not been transferred, terminated or cancelled.

I have made diligent search for the licence, but have been unable to find it and am of the opinion that it has been accidentally (or, as the case may be) **lost / destroyed***

*strike out whichever is inapplicable

Dated this _____ day of _____ 20____
(date) (month) (year)

NAME: _____
(Please print)

Signature