Government of **Western Australia**
Department of **Mines and Petroleum**
Resources Safety

Board of Examiners
Resources Safety
100 Plain Street
East Perth WA 6004
www.dmp.wa.gov.au/ResourcesSafety

Application for a copy of a certificate

I hereby apply for a copy of my certificate/s under the *Mines Safety and Inspection Act 1994* and Mines Safety and Inspection Regulations 1995.

Surname | Given names

Address | Postcode

Phone | Work | A/H | Mob

Date of birth ☐☐/☐☐/☐☐ | Email

Type of certificate	Number	Date issued

I hereby declare that the certificate(s) listed above has been:

☐ Lost ☐ Stolen ☐ Other (please provide details)

Statutory declaration

I (name in full)

of (address)

declare that the foregoing particulars are true and correct in every detail and I make this solemn declaration under the *Oaths, Affidavits and Statutory Declarations Act 2005.* (For information on who can witness statutory declarations, refer to the Department of the Attorney General's website at www.courts.dotag.wa.gov.au/w/witnessing_documents.aspx)

Applicant's signature

Authorised witness for statutory declaration
(name in full)

DECLARED before me at | on

Signature

Payment details

☐ Application fee enclosed.

Payment by credit card, cheque or money order. Cheques are to be made payable to the Department of Mines and Petroleum. **Please DO NOT SEND CASH.**

Complete this section if paying by credit card

Card number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ | Expiry date ☐☐/☐☐

Card type (please tick) ☐ Bankcard ☐ Mastercard ☐ Visa

Cardholder's name (please print)

Amount | Signature

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