



Australian Government

Department of the Environment,
Water, Heritage and the Arts

CHANGE OF DETAIL ADVICE FOR NATIONAL REFRIGERANT HANDLING LICENCE



Licence No	<input type="text" value="L"/>	Date	<input type="text" value="/"/> / <input type="text" value="/"/>
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Applicant Details (Only complete where details have changed)

Last Name	<input type="text"/>		
First Name	<input type="text"/>	Initial	<input type="text"/>
Postal Address	<input type="text"/>		
	<input type="text"/>	State	<input type="text"/>
		Post Code	<input type="text"/>
Contact Numbers	Bus <input type="text"/>	Fax <input type="text"/>	Home <input type="text"/>
	Mob <input type="text"/>	E-mail	<input type="text"/>

Employer/Company Details (Only complete where details have changed)

Company Trading Name	<input type="text"/>		
Contact Person	<input type="text"/>	AU	<input type="text"/>
		ABN	<input type="text"/>
Postal Address	<input type="text"/>		
	<input type="text"/>	State	<input type="text"/>
		Post Code	<input type="text"/>
Business Address	<input type="text"/>		
	<input type="text"/>	State	<input type="text"/>
		Post Code	<input type="text"/>
Contact Numbers	Bus <input type="text"/>	Fax <input type="text"/>	Mob <input type="text"/>
	E-mail	<input type="text"/>	

Applicant's Declaration

- I declare that the above information is true in every particular.
- I understand that there are severe penalties for providing false and misleading information.
- I understand that my personal information provided in this application, may be released to state and territory and/or Commonwealth government agencies for the purposes of determining my suitability to hold a licence.

Signature of Applicant	<input type="text"/>	Date	<input type="text" value="/"/> / <input type="text" value="/"/>
Signature of Witness	<input type="text"/>	Date	<input type="text" value="/"/> / <input type="text" value="/"/>
Name of Witness	<input type="text"/>		

Postal Details:

The Australian Refrigeration Council
Locked Bag 3033
Box Hill Victoria 3128