



When blank, this form is classed as **OFFICIAL**, when filled out, this form is classed as **OFFICIAL-SENSITIVE**.

Western Australian Recreational Skipper's Ticket (RST) Application for a Replacement RST Card

OFFICE USE ONLY	
Receipt #:	

This form must be signed and returned by post, email or in person to:

In PERSON

At any
Department of Transport
Licensing Centre or Agent

By POST

RST
Department of Transport
GPO BOX C102
PERTH, WA 6839

By EMAIL

rst@transport.wa.gov.au

Applicant's Details

WA Motor Driver's Licence (MDL):

MDL Conditions: _____

RST Number (required):

Surname: _____ First Name: _____ Other Names: _____

Sex: _____ Date of Birth: _____ Email: _____
dd/mm/yyyy

Street Number/Lot: _____ Street Name: _____ Street Suffix: _____

Suburb: _____ Postcode: _____

Telephone Home: _____ Work: _____ Mobile: _____

PO Box: _____ Suburb: _____ Postcode: _____

Reason for Replacement Card

Briefly explain why you require a replacement card: _____

Applicant's Declaration

I _____ (name in block letters), hereby declare that the particulars entered in this application are correct and true to the best of my knowledge and belief, and that the Certificates and Testimonials submitted with this application for verification of particular entries are true and genuine documents given and signed by the persons whose names appear on them. I understand that some or all of the information provided on this form may be disclosed to Government Authorities. A person who knowingly makes a false declaration, false statement or false representation in connection with this application is guilty of an offence under *Section 120(a) Western Australian Marine Act 1982*.

Signature: _____ Date: _____

Payment Details

To make a Credit Card payment of \$23.80 over the phone please provide your preferred phone number.

Preferred Phone No. _____