



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

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

In PERSON

At any
Department of Transport
Licensing Centre or Agent

By POST

RST Officer
Department of Transport
GPO BOX C102
PERTH, WA 6839

By FAX

RST Officer
(08) 9435 7817

By EMAIL

rst@transport.wa.gov.au

Applicant's Details	OFFICE USE ONLY
WA Motor Driver's Licence (MDL): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Receipt #: _____
MDL Conditions: _____	Officer Name: _____
RST Number (if known): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Surname: _____ First Name: _____ Other Names: _____	
Sex: _____ Date of Birth: _____ Email: _____ <small>dd/mm/yyyy</small>	
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	OFFICE USE ONLY
Please tick (✓) the box to indicate the payment method.	Receipt #: _____
<input type="checkbox"/> I wish to pay by Credit Card	
<input type="checkbox"/> I wish to pay by Cheque/Money Order	
<input type="checkbox"/> I wish to receive a call-back to make a Credit Card payment over the phone. Call-back Phone No. _____	
Complete this section if paying by Credit Card	
<input type="checkbox"/> Mastercard	<input type="checkbox"/> VISA
Card Number: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Card Holder Name (please print): _____	
Expiry Date: _____ Amount: \$21.50	
Signature: _____ Date: _____	