



CHANGE OF DETAIL ADVICE FOR NATIONAL REFRIGERANT HANDLING LICENCE



Licence No Date /

Applicant Details (Only complete where details have changed)

Last Name

First Name Initial

Postal Address

State Post Code

Contact Numbers Bus Fax Home

Mob E-mail

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

Company Trading Name

Contact Person AU ABN

Postal Address

State Post Code

Business Address

State Post Code

Contact Numbers Bus Fax Mob

E-mail

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 Date /

Signature of Witness Date /

Name of Witness

Postal Details:

**The Australian Refrigeration Council
Locked Bag 3033
Box Hill Victoria 3128**