



Change of Personal Details

The information you supply on this form may be disclosed to other government agencies where provided for in legislation.

The Chief Executive Officer of the Department of Transport also releases aggregated statistical information to third parties. However, your personal identifying information will not be released to these persons without your explicit consent.

ORGANISATION CODE (if applicable)

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Postal Address:
Department of Transport
GPO Box R1290
PERTH WA 6844

New Details (certified documentary evidence supporting change of name must be provided)	
SURNAME/COMPANY NAME	GENDER Male <input type="checkbox"/> Female <input type="checkbox"/>
OTHER NAMES IN FULL	DATE OF BIRTH
RESIDENTIAL ADDRESS (DETAILS COMPULSORY)	
SUBURB OR TOWN	POST CODE
POSTAL ADDRESS (IF SAME AS ABOVE LEAVE BLANK)	
SUBURB OR TOWN	POST CODE
CONTACT TELEPHONE NUMBER	EMAIL ADDRESS

Previous Details (to be completed where name/DOB has changed or requires correcting)	
SURNAME/COMPANY NAME	
OTHER NAMES IN FULL	DATE OF BIRTH
RESIDENTIAL ADDRESS	
SUBURB OR TOWN	POST CODE

DO YOU HOLD ANY OF THE FOLLOWING?

WA driver's licence, learner's permit or Photo Card Yes No Number

WA firearms licence Yes No Number

WA recreational skipper's ticket card Yes No Number

The following vehicles/trailers/boats/plates are licensed in my name:

PLATE NO./BOAT REGISTRATION No.	MAKE	BODY TYPE (eg: sedan, caravan)

SIGNATURE _____ Date: / /

This form can be downloaded from www.transport.wa.gov.au/dvs.

OFFICE USE ONLY - DOCUMENTS AND NUMBER SIGHTED
PHOTOCOPIES OF DOCUMENTS MUST BE CERTIFIED

Driver's licence/ Photo Card _____ Passport _____ Birth certificate _____

Marriage certificate _____ Deed poll _____ Business Reg. Cert. _____

Other (specify document and number) _____

Receiving officer signature _____ Branch/Office _____

Replacement / Certified DL Issued? YES / NO Receipt Details _____

Replacement / Certified PC Issued? YES / NO Receipt Details _____

Dealing address updated? YES / NO

IF A FIREARMS LICENCE NUMBER HAS BEEN PROVIDED ABOVE, THIS FORM MUST BE SENT TO POLICE LICENSING SERVICES ON FAX NUMBER (08) 9454 1522 OR A PHOTOCOPY POSTED TO LOCKED BAG 9 EAST PERTH WA 6892 OR IF A BOAT REGISTRATION OR SKIPPER'S TICKET NUMBER HAS BEEN PROVIDED ABOVE, THIS FORM MUST BE SENT TO MARINE SAFETY ON FAX NUMBER (08) 9435 7817 OR A PHOTOCOPY POSTED TO PO BOX 402, FREMANTLE, 6959.