Government of **Western Australia**
Department of **Transport**

Recreational Skipper's Ticket

Application for a Replacement RST Card

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

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
boat@transport.wa.gov.au

OFFICE USE ONLY

Receipt #:

Applicant's Details

WA Driver's Licence Number: ☐☐☐☐☐☐☐

Medical Conditions: _____

RST Number (required): ☐☐☐☐☐☐ Sex: _____ Date of birth: *(dd/mm/yyyy)* ☐☐ ☐☐ ☐☐☐☐

Surname: _____ Other Names: _____

Residential address: _____

Suburb: _____ State: _____ Postcode: _____

Contact number: _____ Email: _____

Postal address: _____

Suburb: _____ State: _____ Postcode: _____

Reason for Replacement Card

Briefly explain why you require a replacement card: _____

_____

Applicant's Declaration *(The Electronic Transaction Act 2011 applies)*

I _____ (name in block letters), hereby declare the particulars entered in this application are correct and true to the best of my knowledge and belief, and 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 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 over the phone please provide your preferred phone number.

Preferred Phone No. _____