

WorkSafe Tasmania

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Application for a Replacement of a High Risk Assessor Accreditation Card

Service Tasmania Office Use Only

Product Code 289

- ☐ Fee collected
- ☐ Identification sighted
- ☐ Declaration signed

Assessor Accreditation Number:

Applicant Details:

Title	Given Name(s)	Surname
Address (where your card will be posted to)		Suburb
		Postcode
Date of Birth	Mobile Number	Email

Reason for Replacement

Lost	Stolen	Damaged	Destroyed	Not Received	Other
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Provide brief details on the reason you are applying for a replacement card below:

I declare that the information contained in this application is true and correct

Signature	Date
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