

Replacement Competency Card

Use this form to apply for a replacement card if:

- Your card has been lost, stolen or damaged or you have changed your name
 - Your card has not expired.
- Complete all applicable questions. If information is missing, we can ask you to supply the required information and/or documents to support the application. Failure to supply information can delay a decision on the application.
 - If you need help in completing this application, call (02) 9995 0900 during business hours or email competencycard@olgr.nsw.gov.au
 - For more information visit www.olgr.nsw.gov.au/photocard.asp
 - Lodge this application form with payment by:

Post

Office of Liquor,
Gaming & Racing
GPO Box 7060
Sydney NSW 2001

Deliver to

Office of Liquor,
Gaming & Racing
Level 6, 323 Castlereagh St
Haymarket NSW 2000

Email

competencycard@olgr.nsw.gov.au

OFFICE USE ONLY

CC0500

By (circle): mail | OTC | fax | email

Date lodged _____

Amount paid \$ _____

GLS receipt no _____

Request number _____

Finalised by _____

Date finalised _____

THIS FORM CONTAINS FILLABLE FIELDS

PART A

COMPETENCY CARD DETAILS

Name change required

If **Yes**, enter name currently shown on card here:

Provide details of new name here (please attach/provide: Change of Name certificate (Registry issued), Marriage Certificate (Registry issued or Foreign translation), or Australian Divorce Papers (Family court issued))

Title (Mr, Mrs, Ms, Dr) _____ Family name _____

First name _____ Middle name _____

Phone (mobile) _____ Date of birth (dd mm yyyy) _____

Email address _____ Phone (daytime) _____

Postal address (address to which replacement card will be sent)

PO box or street no. _____ Street name _____

Town/city _____ State _____ Postcode _____

PART B

REPLACEMENT COMPETENCY CARD DETAILS

Competency Card No (if known) _____

Existing Competency listed on card (please tick) RSA (Class A) RCG (Class G) Privacy (Class P)

Name of Approved Training Provider(s) _____

Date (s) of Course Completion _____

PART C

REASON FOR REPLACEMENT

Provide the reason you required a replacement competency card

PART D

PAYMENT

Pay a \$30 fee by:

Cheque (payable to 'Office of Liquor, Gaming & Racing') Cash Money order Credit card

Cheque drawer's name

MasterCard VISA Card no _____ Expiry date _____ CVV* _____

*These are the last 3 digits printed on the signature panel on the back of your credit card

Cardholder's name

Cardholder's signature

Payment amount \$

PART E

DECLARATION

- I declare that the information I have provided is true, correct and complete and that I have made all reasonable enquires to obtain the information required to complete this form
- I acknowledge that the failure to provide all required information may result in an inability to process your application
- I acknowledge that it is an offence to provide false or misleading information
- I understand that specific details I have provided may be 'personal information' under the *Privacy and Personal Information Protection Act 1998*.

Name

Signature

Date
