



NOTIFICATION OF CHANGE OF ADDRESS

Please complete the following in respect of a Licence or Certificate, which requires WorkCover's records to be amended with regard to change of address details.

PLEASE USE BLOCK LETTERS

NOTIFICATION OF CHANGES MAY ONLY BE MADE BY THE LICENCE/CERTIFICATE HOLDER.

Family Name on Licence/Certificate _____

Given names _____ Date of Birth ____ / ____ / ____

National Certificates of Competency Number _____

Construction Induction Certificate Number _____

Other WorkCover issued Licence Type & Number _____

New Postal Address

Suburb _____ Postcode _____

Day time contact telephone / mobile number _____

New Residential Address

Suburb _____ Postcode _____

Old Address

Suburb _____ Postcode _____

Date ____ / ____ / ____ Signature _____

**PLEASE FORWARD THIS FORM TO: WorkCover NSW – Licence Processing Unit, Locked Bag 2906, Lisarow NSW 2252
Fax Number: 02 9287 5497**