



RACING AND WAGERING WESTERN AUSTRALIA

ABN 21 347 055 603

Licensing & Registrations

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Statutory Declaration

I \_\_\_\_\_ (Full Name)

of \_\_\_\_\_ (Address)

in the state of Western Australia \_\_\_\_\_ (Occupation)

do solemnly and sincerely declare that –

I need to have one of the following replaced (please tick ✓ applicable)

- ☐ Licence Card – please specify type of Licence \_\_\_\_\_ \$25
☐ Owners \$25
☐ Guest Card \$25
☐ Greyhound Registration Certificate/ ID Card \$35
☐ Greyhounds Naming Certificate NIL
☐ Harness Naming Certificate / Certificate of Service \$25
☐ Registration Assessment Certificate \$25

Animal Name \_\_\_\_\_

Reasons for reissue required (please tick ✓ applicable)

- ☐ Misplaced
☐ Irreparably damaged
☐ Stolen
☐ Never Received
☐ Other \_\_\_\_\_

I make this solemn declaration under the Oaths, Affidavits and Statutory Declarations Act 2005.

\_\_\_\_\_ [Signature of person making the declaration]

Declared at \_\_\_\_\_ [Place]

on \_\_\_\_\_ [day] of \_\_\_\_\_ [month] \_\_\_\_\_ [year]

Before me, \_\_\_\_\_ [Signature of person who has attained the age of eighteen before whom the declaration is made]

\_\_\_\_\_ [Full Name]

\_\_\_\_\_ [Address]

\_\_\_\_\_ [Qualification¹]

¹ Choose from the list on reverse of this form

On 1 January 2006 the Parliament of Western Australia proclaimed the ***Oaths, Affidavits and Statutory Declarations Act 2005*** which makes changes to the manner in which oaths, affidavits and statutory declarations are administered and witnessed

Professions that can witness statutory declarations include:

- Academic {post-secondary institution}
- Accountant
- Architect
- Australian Consular Officer
- Australian Diplomatic Officer
- Bailiff
- Bank Manager
- Chartered secretary
- Chemist
- Chiropractor
- Company auditor or liquidator
- Court officer {Judge, magistrate, registrar or clerk}
- Defence Force officer
- Dentist
- Doctor
- Electorate Officer {State – WA only}
- Engineer
- Industrial organisation secretary
- Insurance broker
- Justice of the Peace {any State}
- Lawyer
- Local government CEO or deputy CEO
- Local government councillor
- Loss adjuster
- Marriage Celebrant
- Member of Parliament {State or Commonwealth}
- Minister of religion
- Nurse
- Optometrist
- Patent Attorney
- Physiotherapist
- Podiatrist
- Police officer
- Post Officer Manager
- Psychologist
- Public Notary
- Public Servant {State or Commonwealth}
- Real Estate agent
- Settlement agent



<b>Name on Card</b> _____	<b>Amount \$</b> _____	
<b>Card Holders Signature</b> _____	<b>Date</b> _____	
I agree to RWVA charging my credit card account for the amount shown above		
<b>Account No.</b> _____	<b>Contact Telephone Number.</b> _____	<b>Invoice No/s.</b> _____

Form: LRF-001