

# Application for Certificate of Registration - Hairdresser



## Details of Applicant:

Company / Sole Trader / Partnership Name (Legal Entity): \_\_\_\_\_

Postal address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Daytime Ph: \_\_\_\_\_ A/H Ph: \_\_\_\_\_

Fax No: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email: \_\_\_\_\_

## Details of Contact:

Given names: \_\_\_\_\_

Surname: \_\_\_\_\_

Postal address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Daytime Ph: \_\_\_\_\_ A/H Ph: \_\_\_\_\_

Fax No: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email: \_\_\_\_\_

## Details of Premises:

Trading name: \_\_\_\_\_

Physical address: \_\_\_\_\_

Town: \_\_\_\_\_

*Please include full payment when lodging your application. Fees included:*

\$ \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use Only</b>	Date Received
Receipt Number: _____	
Document Number: _____	
Licence Number: _____	

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