



PO Box 4256
MYAREE WA 6163
Unit 2/ 4 JAGGS WAY
O,CONNER WA 6163

Phone: (08) 9314 3377
Fax: (08) 9314 3244
E-mail: info@worksafegear.com
Visit us: www.worksafegear.com

Request for Reissue of Certificate

First Name: _____ Surname: _____

Contact Number: _____ Fax: _____

Email: _____

D.O.B: _____

Address: _____

Postal Address: _____

Course Name: _____

- | | |
|---|---|
| <input type="checkbox"/> Working Safely in Confined Spaces | <input type="checkbox"/> Confined Space Awareness |
| <input type="checkbox"/> Tower Rescue | <input type="checkbox"/> Twin rope Access Technician |
| <input type="checkbox"/> Working Safely at Heights | <input type="checkbox"/> Industrial Rope Rescue |
| <input type="checkbox"/> Radio Frequency Hazard Awareness | <input type="checkbox"/> Blue Card (General Induction) |
| <input type="checkbox"/> Elevated Work Platforms | <input type="checkbox"/> Escape from EWP'S |
| <input type="checkbox"/> Gas Monitoring | <input type="checkbox"/> Self Contained Breathing Apparatus |
| <input type="checkbox"/> Self Contained Breathing Apparatus Refresher | <input type="checkbox"/> Other |

Course Date: _____

Company: _____

Reason For Reissue: _____



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Cost:

- \$95.00 + GST for reissue of card and certificate
- \$65.00 + GST for reissue of certificate only or card only
- \$40.00 + GST for certificate only – (PDF) – emailed only

Payment details: EFT _____ Cheque: _____
 Credit Card: _____

I _____ Give HEIGHTECH Safety Systems

Permission to take the amount of _____ plus 2.5% bank charge recovery fee

Out of Visa /Master Card Number _____

Exp date __ / __

On the __ / __ / __. This being for Invoice Number # _____

Signed (Card Holder to Sign Only)

Office Use Only

- Invoice Number: _____
- Reprint allocated to: _____
- Certificate Number: _____ - _____ - _____
- Comment: _____
