

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: _____

Office Use Only	Date Received
Receipt Number: _____	
Document Number: _____	
Licence Number: _____	

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