

APPLICATION FOR REPLACEMENT VERIFICATION OF COMPETENCY CARD

Family Name: _____ First Name : _____

Email Address: _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone No: _____ Previous Card No (if Known): _____

Email: _____

THE FOLLOWING VOC CLASSES WERE ON MY ORIGINAL CARD:

I, declare that I have been assessed for the classes VOC classes indicated above and that my VOC Card has been:

Lost Stolen Expired Destroyed
(Strike out those not applicable, Circle those that are applicable)

Signature of Applicant: _____ Date : _____

I, enclose \$35.00 card processing fee in the form of a cheque/money order made out to Bluetron Pty Ltd, or authorise the following payment options:

OPTION 1: CREDIT CARD PAYMENT AUTHORITY

MasterCard Visa Card Debit Card

Card Number	Expiry Date
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
CCV (last 3 digits on the back of the card above the signature block)	
<input type="text"/> <input type="text"/> <input type="text"/>	

CARD HOLDER'S AUTHORISATION

I consent to Bluetron Pty Ltd debiting \$35:00 from my card:

Cardholder's signature: _____ Date: _____

Cardholder's Full Name: _____

OPTION 2: DIRECT DEPOSIT PAYMENT AUTHORITY TO:

Commonwealth Bank of Australia: BSB: 062 915 Account Number: 10054247
Reference: Card No.

OFFICE USE ONLY

Received By (initials)	Amount Paid \$	Payment Method (cash/chq/Visa etc).	Bluetron Receipt No	Date Sent