TRB
TEACHER REGISTRATION BOARD
of the Northern Territory
GPO Box 1675 Darwin NT 0801 **T** (08) 8999 4197 **F** (08) 8999 4195 **E** trb@nt.gov.au **W** www.trb.nt.gov.au

# APPLICATION FOR REPLACEMENT CERTIFICATE OF REGISTRATION

## 1. PERSONAL DETAILS

| | |
|---|---|
| Surname: | Given Names: |
| Previous Surnames: | Previous Given Names: |

| | |
|---|---|
| Postal Address: | Suburb/Town: |
| Previous Address: | Suburb/Town: |

| | |
|---|---|
| TRB Registration Number: | Original Date of Registration: ___ / ___ / _____ |
| Date of Birth: | Place of Birth: |

***Attach a certified copy of photographic proof of identity (e.g., Driver's Licence or Passport).***

## 2. REASON FOR APPLICATION

I hereby apply for a replacement Certificate of Registration for the following reason (please tick):
Lost □ Stolen □ Police Incident Report No. _____

Please give full details of why you require a replacement Certificate of Registration:

_____

_____

_____

_____

_____

Signature _____ Date _____

## 3. STATUTORY DECLARATION

I _____ do solemnly and sincerely declare that my answers to the information
(print full name)

required herein, together with information contained in any documents forwarded herewith, are true and correct in every particular. And I make this solemn declaration, conscientiously believing it to be true, by virtue of the *Oaths Act.*
Note: Providing information which is false or misleading (or omitting information) is an offence under the *Teacher Registration (Northern Territory) Act.* A person making a false declaration is guilty of an offence under the *Oaths Act*.

**Applicant's Signature:** ☐ **Date:** ☐

***Your signature must be witnessed, and your identity verified, by a Justice of the Peace or Commissioner for Oaths.***

## 4. IDENTIFY VERIFICATION

- a Justice of the Peace, or
- Commissioner for Oaths (e.g. sworn police officer).

**Photographic identification sighted: (with a certified copy to be attached to this application form)**

| | |
|---|---|
| Identification Type: | Number: |

Declared before me at _____ this _____ day of _____

| | |
|---|---|
| Signature: | Authority No. /<br>Authority Stamp: |
| Name: (please print) | Title of Office: |
| Contact Address or Telephone Number: | |

## 5. PAYMENT OPTIONS – a fee of $20 applies, unless otherwise approved by the TRB Director.

Payment can be made by bank cheque, money order, VISA or MasterCard.
Cheques and money orders must be made payable to "Teacher Registration Board of the Northern Territory".
For requests lodged from overseas, payment must be made in Australian Dollars.

| | | |
|---|---|---|
| Applicant Name | | |
| Payment Total | $20.00 | (RTM 35R999999 134131) |

| | | | |
|---|---|---|---|
| Bank Cheque ☐ | Money Order ☐ | VISA ☐ | MasterCard ☐ |
| Card number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ | | | |

| | |
|---|---|
| Name of Card Holder: (please print) | Expiry Date: |
| Signature: | Date Signed: |