

**BULK SUBMISSION OF APPLICATIONS FOR A
HIGH RISK WORK LICENCES
RTO COVERSHEET**

SLIP RECEIPT office use only

DATE STAMP office use only

Registered Training Organisation details

| | |
|-------------------|--|
| RTO name: | |
| RTO Number: | |
| Contact person: | |
| Email address: | |
| Contact number: | |
| Reference number: | |

Credit card details -

| | | | | | | | | | | | | | | | | | | | | |
|---|--|--|----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------|--|--|
| Cardholder name: | | | | | | | | | | | | | | | | | | | | |
| Card number: | | | | | | | | | | | | | | | | | | | | |
| Expiry: | | | Cardholder contact number: | | | | | | | | | | | | | | | | | |
| Cardholders Signature: I authorise the Department to deduct the current prescribed fee* | | | | | | | | | | | | | | | | | | Date: | | |

Office use only

| | | | |
|------------------------------|---|-------------------------|-----------|
| Single Class total | x | Total fee amount | \$ |
| Mod/Add Class total | x | Total fee amount | \$ |
| Multi Class - New | x | Total fee amount | \$ |
| Multi Class - Mod | x | Total fee amount | \$ |
| TOTAL FEE TO BE TAKEN | | | \$ |

Applicant details -

| Applicant name | Surname | (N) New (AC) Add Class (I) Interstate | | | Class/es | Total fee/s |
|----------------|---------|---|----|---|----------|-------------|
| | | N | AC | I | | |
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