



Australian Government

Comcare

HIGH RISK WORK LICENCE PAYMENT REQUEST— TAX INVOICE

POINT OF CONTACT FOR THIS SUBMISSION

Date of submission /

Point of contact

Phone number Email address

Street

Suburb State Postcode

Please send all licences in this submission: To the point of contact at the above address
 Directly to the applicant/s

HIGH RISK WORK LICENCE PAYMENT REQUEST—TAX INVOICE

The following fees apply per application for a HRW Licence:

- > New, Class Addition or Transfer—\$65.00 (No GST)
- > Renewal/Replacement Application—\$30.00 (No GST)

Payment will be processed once all applications in the submission have been finalised. Once the payment has been processed, Comcare will email a receipt to the point of contact and cardholder.

PAYMENT DETAILS

Cardholder name

Cardholder email address

Mobile phone Work phone

Card number

Card expiry date / Visa Mastercard

Cardholder signature Date /

Total amount \$

Comcare use only					
Natural account	4225	Account Code	4225-133-0000	Date sent to Finance	

INDIVIDUAL APPLICANT DETAILS

If this is an individual submission, please place the applicant details below. If this is a bulk submission, please place details of all applicants on page 2 of this form.

#	Applicant name	Application type	Cost	RMS ref <i>(Comcare only)</i>
1				

BULK SUBMISSION APPLICANT DETAILS

If there are multiple applicants in a submission, please list them below. If there is not enough space, please provide an additional High Risk Work Licence Payment Request—Tax Invoice.

#	Applicant name	Application type	Cost	RMS ref <i>(Comcare only)</i>
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