



CARD RE-PRINT FORM

PLEASE NOTE – STAR TRAINING AND ASSESSING CAN ONLY RE-ISSUE CARDS FOR STUDENTS WHO ORIGINALLY COMPLETED THEIR COURSES WITH STAR TRAINING AND ASSESSING AND CANNOT RE-ISSUE QUALIFICATIONS COMPLETED WITH OTHER REGISTERED TRAINING ORGANISATIONS.

Please complete as much of this form as possible in neat BLOCK LETTERS and return to –

adminvic@startraining.com.au

or alternatively you can post to – 16 Laser Drive, Rowville VIC 3178

This form must be sent with payment of \$55.00 PER CARD (includes GST).

This payment can be made by money order, credit card and/or Electronic Funds Transfer (EFT).

For EFT details please contact the office on (03) 9720 7666. (Cheques will not be accepted).

NAME: <small>(As printed on card)</small>	
DATE OF BIRTH: <small>(DD/MM/YY)</small>	
CURRENT MAILING ADDRESS: <small>(Include State and Postcode)</small>	
PHONE NUMBER/S:	

Card/s required to be re-printed (Please tick appropriate box/s)

<input type="checkbox"/> PLANT OPERATOR	<input type="checkbox"/> FIRST AID	<input type="checkbox"/> TEST AND REPAIR	<input type="checkbox"/> LOAD AND UNLOAD
<input type="checkbox"/> SMALL PLANT AND EQUIPMENT	<input type="checkbox"/> TRAFFIC CONTROL	<input type="checkbox"/> SITE DUMPER	
<input type="checkbox"/> CONFINED SPACES	<input type="checkbox"/> ELEVATED WORK PLATFORM (RII CODING – NON - HIGH RISK LICENCE)		
<input type="checkbox"/> IDENTIFY LOCATE AND PROTECT UNDERGROUND SERVICES		<input type="checkbox"/> WORKING AT HEIGHTS	
<input type="checkbox"/> OTHER (PLEASE SPECIFY) _____			

State or Territory in which the training and assessing took place

(Please tick appropriate State/Territory)

VIC
 WA
 QLD
 TAS
 SA
 NSW
 NT
 ACT

Date and/or year in which the training and assessing took place (if known).

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What company were you working for at the time of the course?

PLANT OPERATOR CARDS ONLY –

On completion of training and assessing, you may have been given a yellow Notice of Assessment form. If you still have this form, what is the RED four to five digit number located at the top right of this form. This is your card number.

CREDIT CARD PAYMENT

TYPE OF CARD:

VISA

MASTERCARD

CREDIT CARD NUMBER:

EXPIRY DATE:

/

3 DIGIT CVC:

Although you might receive your new card earlier, please allow 10 business days for processing. Star Training and Assessing may contact you if we require a new photo for your card or any further information.

Please sign authorising Star Training and Assessing to process a payment of \$55.00 (per card) through the above credit card details. Your card details will be destroyed upon payment.

Signature:

Date:

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