



APPLICATION FOR RE-ISSUE OF LETTER

This form can only be used to reissue official letters of NAATI accreditation or NAATI recognition.
If you complete this form, you acknowledge that you have read and understood NAATI's *Privacy Policy*.

PERSONAL DETAILS

Given names			
Family name			
NAATI Number		Title <i>(select)</i>	
Address <i>(street)</i>		Suburb	
City		State	
Postcode		Country	
Phone/mobile		Date of birth	
Email			

APPLICATION DETAILS

Only one credential type is listed on an individual letter.

You cannot order a letter listing multiple credentials. There is an order limit of four letters per application.

Credential Type 1 <i>(select)</i>	
Language 1	
Credential Type 2 <i>(select)</i>	
Language 2	
Credential Type 3 <i>(select)</i>	
Language 3	
Credential Type 4 <i>(select)</i>	
Language 4	
Are you requesting a letter (or letters) for migration purposes?	

Please note that any credential types marked with a * are issued in one language direction only.
If you hold both directions, you will need to request two separate letters.

DISPATCH TO A THIRD PARTY

If you wish to have this letter issued to a third party please complete this section.

Organisation Name			
Contact First Name		Contact Last Name	
Contact Position		Contact Phone	
Address (street)			
City		State	
Postcode		Country	
Contact Email			

PAYMENT & DECLARATION

All fees are listed in Australian Dollars (\$AUD) and include GST.
The fees listed on this form are valid from 1 July 2019 to 30 June 2020.
All prices are subject to change without notice.

Fees (\$AUD)

Re-issue of letter/s (per application)	\$44.00
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PAYMENT BY AN INDIVIDUAL

If you are not paying by credit card, you will need to lodge your payment in person at the nearest NAATI office.

Amount (\$AUD)		Payment method	
Cardholder name			
Credit Card number			
Security number		Expiry date	
Cardholder signature			

Date		Applicant signature	
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Completed forms and applicable attachments must be sent to applications@naati.com.au.

OFFICE USE ONLY	DATE RECEIVED:	DATE DISPATCHED:
	<input type="checkbox"/> CC <input type="checkbox"/> CHQ <input type="checkbox"/> AMO <input type="checkbox"/> CSH <input type="checkbox"/> DD <input type="checkbox"/> EFTPOS <input type="checkbox"/> CC BY PHONE	AMOUNT PAID:
	ENTERED BY:	DATE: TIME:
	RECEIPT NUMBER:	TRANSACTION NUMBER: