

# SRG03 - REISSUE REQUEST FORM – SKILLS ASSESSMENT

Please complete using BLOCK letters



This form applies to applicants who require an additional copy of a Skills Assessment and/or Points Test Advice result letter.

If you wish to change your nominated occupation, you will need to apply for a Reassessment – Change of occupation (see form SRG08).

**Please tick the relevant box below:**

- If you are applying for a reissue of your Skills Assessment, the fee payable is AUD \$60.00
- If you are applying for a reissue of your Points Test Advice, the fee payable is AUD \$60.00
- If you are applying for a reissue of both your Skills Assessment & Points Test Advice, the fee payable is AUD \$100.00

**APPLICANT FAMILY NAME (surname):** \_\_\_\_\_

**APPLICANT GIVEN NAME/S:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
                  DD      MM      YY

**FILE No.**

--	--	--	--	--	--	--	--	--	--

I, \_\_\_\_\_, the above named applicant/the authorised agent for the above named applicant, hereby request a Reissue of the following:

**APPLICANT/AGENT SIGNATURE:** \_\_\_\_\_ **DATE OF REQUEST:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**AGENT NAME (if applicable):** \_\_\_\_\_ **(PLEASE PRINT)**

Please note: Only an agent who was authorised in the original application may make a request on behalf on an applicant. Newly appointed agents must complete an SRG07 - Agent Authorisation form.



Please confirm your current postal address and contact information:

**TELEPHONE:** \_\_\_\_\_ **MOBILE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**ADDRESS FOR CORRESPONDENCE:** \_\_\_\_\_

**Postage options** (if applicable)  
(Select ✓ one only)

- Registered Australian mail – AUD \$5.00
- Express Post International – AUD \$16.00  
(not traceable outside Australia)
- Express Courier International – AUD \$34.00  
(traceable in major cities outside Australia)



Payment must be made in Australian dollars. Bank cheques/drafts should be made payable to VETASSESS. Please complete the following payment section for Visa or MasterCard credit card payments. Please note that this fee is not refundable.

I, _____ authorise VETASSESS to debit my credit card by the amount of AUD \$ _____ for the payment of my Reissue Request. Name of Cardholder: _____ Card Number: _____ Expiry Date: ____/____ Card Validation Code: _____ Signature of Cardholder: _____
---

**Please note that the applicant signature must match the signature as it appears on the original application. Signature discrepancies can cause significant delays.**



Mail to: Skills Recognition- General Occupations  
VETASSESS  
GPO Box 2752  
Melbourne VIC 3001  
AUSTRALIA  
Fax: +613 9654 2773