Inspect and Test
Accreditation Card Replacement Request

Please complete this form to request a replacement card(s) for a current accreditation.

Accredited Person's Details

Name: _____

Address: _____

Suburb: _____ State: _____ Post Code: _____

Telephone: _____ Mobile: _____

E-mail: _____ Facsimile: _____

Date of Birth: _____/_____/_____

FPAS Accreditation Number: _____

Payment Details

Replacement Fee: **$22** (incl. GST)

EFT payment: O FPA Australia BSB: 033-083 Account No: 33-2932

Method of payment: O Cheque payable to FPA Australia. ABN 30 005 366 576

Credit card: O VISA O MasterCard O AMEX

Card Number: _____ _____ _____ _____

Name on Card: _____

Expiry Date: _____ / _____

Signature: _____ Amount: _____

Please return this form via email, fax or post to FPA Australia:

E: fpas@fpaa.com.au / F: 03 8892 3132 / P: PO Box 1049, Box Hill VIC 3128