

Version 1
LPB FORM 3

WESTERN AUSTRALIA

Legal Profession Act 2008
[section 59(1)]

Application by Practitioner for Amendment, Suspension or Cancellation of a Practising Certificate

To: Legal Practice Board of WA
PO Box 5720
St Georges Tce
Perth W A 6831

I, _____ *(insert name of practitioner)*
of _____ *(insert address of practitioner)*

hereby make application for:

(Please tick appropriate box)

- amendment; or
- suspension; or
- cancellation

of my practising certificate, which was issued to me on _____ / _____ / _____.
(Date of issue of practising certificate) (dd/mm/yy)

Reason for Seeking Amendment, Suspension or Cancellation of the Practising Certificate
