

Version 2  
LPB FORM 3

**WESTERN AUSTRALIA**  
*Legal Profession Uniform Law (WA)*

To: Legal Practice Board  
PO Box 5720  
St Georges Terrace  
Perth WA 6831

### Application for Amendment, Suspension or Cancellation of a Certificate

The term **certificate** refers to an Australian practising certificate or an Australian registration certificate.

Pursuant to section 74(2) of the Uniform Law, the Legal Practice Board may vary, suspend or cancel a certificate at the request of or with the concurrence of the holder.

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#### Section A – Applicant’s details

1	First Name:	_____
2	Surname:	_____
3	Date of birth (dd/mm/yyyy):	/    /
4	Residential street address:	_____ _____ _____
5	Telephone number: <i>(include STD code)</i>	(    )
6	Mobile number:	_____
7	Email address:	_____

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Please submit this form and all supporting documents via email to [enquiries@lpbwa.com](mailto:enquiries@lpbwa.com).



**Section D – For your information**

Upon receipt of your application, if necessary, a submission will be prepared for the consideration of the Board or its delegate. If the application is refused, you will be provided with a written notice of the decision:

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**Section E – Certification**

I certify that the information set out in this form is true and correct, and I have not omitted any relevant information.

**Signed:**

\_\_\_\_\_

**Full name:**

\_\_\_\_\_

*(printed)*

**Date:**

\_\_\_\_\_

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