

APPLICATION FOR A DUPLICATE CERTIFICATE OF REGISTRATION

FEE: \$44.00 PER REGISTRATION CERTIFICATE

Breed: _____

Sex: _____

Registered Name of Dog: _____

Registered Number of Dog: _____

Name of Registered Owner/s: _____

Membership Number: _____

Residential Address: _____

_____ Postcode: _____

Postal Address: _____

(If different from above)

_____ Postcode: _____

Telephone: _____ Home _____ Work

Email: _____

Signature: _____

Note: A Duplicate Certificate of Registration will **ONLY** be issued to the current **REGISTERED OWNER** of the dog.

Please have the reverse side of this application witnessed when completing.

I/We _____

of _____

in the State of Victoria do solemnly and sincerely declare that

REASON FOR REQUEST: _____

In the event the original Registration Certificate is found, it will be returned to the DOGS Victoria office.

I acknowledge that this declaration is true and correct and I make it in the belief that a person making a false declaration is liable to the penalties of perjury.

Signature of person making declaration _____

Declared at _____ in the State of Victoria

on the _____ day of _____ 20

SIGNATURE	
PRINT NAME	
ADDRESS	
_____ Post Code: _____	
STATUS	<ul style="list-style-type: none"> * Justice of the Peace * Member of the Victorian Police * Person authorised under Section 107A(1) of the Evidence Act 1958 to witness the signing of a Statutory Declaration.

NOTE: 1% surcharge will apply to all credit card payments

Please pay by cheque or, if you prefer by credit card, complete the details below.

PAYMENT BY CREDIT CARD (please circle which card)

Card Type VISA MASTERCARD

Card No:

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Cardholder's Name _____ (Print)

Amount Paid \$ _____ Card Expiry Date _____

Signature _____

_____ **TOTAL FEES ENCLOSED** \$ _____

Office use only
