



**City of Busselton**  
Geographie Bay

Southern Drive, Busselton WA 6280

All Correspondence to: **The Chief Executive Officer**, Locked Bag 1, Busselton WA 6280

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**Motor Vehicle Repairers Act 2003**

**APPLICATION FOR  
SECTION 58 OR 60 CERTIFICATE**

(Not required if business established before 1 July 2008)

<b>APPLICANT/S</b>	Contact:		
	Company:		
	Postal address	No:	Street name:
		Suburb:	
	Phone numbers: (H)		(W)
	Fax number:		Email:
	Certificate requested (please tick)	Section 58	Section 60 (Conditional)
	Signature:		Date:

<b>PROPERTY / FACILITY</b>	Facility name:		
	Facility address:	Lot No:	Street name:
		Suburb:	
	Phone number:		
	Fax number:		Email:

<b>DETAIL OF BUSINESS</b>	Whole or Part of Facility Subject to Motor Vehicle Repairers Licence (please tick)	Whole	Part
	If "Part" - Please provide description (e.g. Workshop attached to Motor Vehicle Sales Premise)		
	Date and Reference of Planning Consent issued by City to commence Facility (if applicable):		
	Approximate Date of Commencement of Facility:		

**FEES**

**RECEIPT NUMBER:** \_\_\_\_\_

Section 58 Certificate	\$146	PlanCert58
Section 60 Certificate	\$146	PlanCert60