



Request a replacement WZTM card (Change of Name)

Please complete all details on this form if a replacement Workzone Traffic Management Card is required.
Please email completed form to: DIT.TASSAdminSupport@sa.gov.au

| | | |
|---|--------------------------|------------------|
| Name before change: | First Name: | |
| | Last Name: | |
| Your new name: | First Name: | |
| | Last Name: | |
| Date of Birth: | | |
| Mailing Address: <small>(Please use PO Box if this is your mailing address)</small> | | |
| | Suburb: | Postcode: |
| Contact Phone Number: | | |
| Workzone Card Number: | | |
| Name of RTO (where training completed) | | |
| Please send attached evidence to verify change of surname | | |
| OFFICE USE ONLY | | |
| Details verified: | | |
| Name: | <input type="checkbox"/> | |
| DOB: | <input type="checkbox"/> | |
| WZTM Card Number | <input type="checkbox"/> | |
| Postal Address | <input type="checkbox"/> | |
| Verification checks completed by: | | |
| Replacement card order by: | | On (date) |
| Temporary Card forwarded by:..... | | |
| WZTM database updated: | <input type="checkbox"/> | |