



Request a replacement WZTM Card (Lost, stolen, damaged)

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

First Name:		
Last Name:		
Date of Birth:		
Mailing Address: (Please use PO Box if this is your mailing address)	Suburb:	Postcode:
Contact Phone Number:		
Workzone Card Number: (If Known)		
Name of RTO (where training completed)		
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"/>	