

MAGISTRATES COURT of WESTERN AUSTRALIA  
**APPLICATION FOR REVOCATION OF  
DISQUALIFICATION NOTICE**

*Road Traffic Act 1974*  
Magistrates Court (General) Rules – Form 4B

Court number			
Magistrates Court at			
Date lodged		Receipt number	

<b>Applicant</b> <i>(Name of the party applying)</i>	Name		
	Address		
	DOB:		MDL Number
<b>Application</b>	Under the <i>Road Traffic Act 1974</i> section 71F, the applicant applies for an order that revokes the Disqualification Notice issued in respect of the below matter.		

<b>Notice details</b>	Provision/ Grounds		
	Date		

<b>Grounds</b> [A copy of the Disqualification Notice must be attached to this application]	The grounds for this application are:		
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<b>Signature of applicant or lawyer</b>		Date	
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**HEARING DETAILS**

This application will be heard on:

<b>Date and time</b>	Date		Time	or as soon after as possible
<b>Place</b>				

**For Court Use Only**

Date	Appearance by accused	Counsel	Record of court proceedings	Judicial officer
	Y / N			
	Y / N			
	Y / N			
	Y / N			

Orders

Judicial officer	Date
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<b>Service details</b> [Service on applicant]	On _____, I served a copy of the application referred to above in the following manner:			
	Method of service:			
	Person served:			
	Name of server:			
	Signature:			

<b>Service details</b> [Service on respondent]	On _____, I served a copy of the application referred to above in the following manner:			
	Method of service:			
	Person served:			
	Name of server:			
	Signature:			

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<b>Signature of applicant or lawyer</b>			Date	
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**An application to revoke the disqualification notice above has been lodged. Your attendance is required at the date, time and place stated below. If you do not attend, the court may deal with the application in your absence.**

**HEARING DETAILS**

**This application will be heard on:**

<b>Date and time</b>	Date		Time	or as soon after as possible
<b>Place</b>				

<b>Address for service</b>	<b>Commissioner of Police</b> C/- State Solicitor's Office David Malcolm Justice Centre 28 Barrack Street PERTH WA 6000  Phone: 08 9264 1888 Fax: 08 9264 1440 Email: <a href="mailto:sso@ss0.wa.gov.au">ss0@ss0.wa.gov.au</a> *  * If scanned and emailed please identify in the subject line that attached to your email is an application for a Disqualification Notice.