



FORM 09R

This form is effective from 1 July 2026

Application for replacement certificate of incorporation

Associations Incorporation Act 2015 s20

Please read this information before completing this form

ABOUT THIS FORM

Use this form to obtain a replacement certificate of incorporation under the *Associations Incorporation Act 2015*.

DO NOT use this form to request a duplicate certificate, extract, or copy of the rules. Instead use the [Form 09](#).

HOW TO COMPLETE THIS FORM

- You may complete this form onscreen and then print it, or print it first and complete it by hand.
- If completing by hand, please use a **blue or black pen** and write in **BLOCK LETTERS**

RELATED INFORMATION

A Replacement Certificate can only be issued if the original certificate has been lost or is destroyed.

If the original certificate has NOT been lost or destroyed and you need confirmation of the association's current status, you can purchase **Extract**.

- An **Extract** contains the associations current name, registration number (IARN), date of incorporation or cancellation (if applicable), status, Address for service of notice., tier classification, financial year end, date of last annual general meeting and type of rules used.

FEE

Please refer to [Associations fees forms and online transactions](#) page for current application fee. GST is not payable on this fee. If you lodge this form by post or email, you will be emailed a Payment Number (PN) to make payment by BPAY or a credit card through our secure online payment portal.

HOW TO LODGE

You can lodge your completed form:

In person:

Customer Service
Level 1, Mason Bird Building
303 Sevenoaks Street, CANNINGTON

Hours: 8:30 am to 4:30 pm (weekdays)

By post:

Associations and Charities
Department of Local Government,
Industry Regulation and Safety
Locked Bag 14
CLOISTERS SQUARE PERTH WA 6850

Email:

associations@lgirs.wa.gov.au

WHAT HAPPENS NEXT

- The replacement certificate will be issued digitally and sent by email to the contact person nominated in this application. Documents are usually issued within 10 working days.
- You will be notified if a replacement certificate cannot be issued.

CONTACT

Telephone **1300 30 40 74 or (08) 6552 9300** (8:30 am to 4:30 pm weekdays)

Email associations@lgirs.wa.gov.au

Website www.lgirs.wa.gov.au/associations



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OFFICE USE ONLY

SECTION A: REQUEST DETAILS

Incorporated association's name

IARN

The reason for requesting the replacement certificate is due to the original certificate being:

- Lost or stolen
- Destroyed or damaged

SECTION B: AUTHORISED PERSONS PARTICULARS & DECLARATION

Provide the name and particulars of the person making this application:

I declare that:

- *I am authorised by the association's committee to lodge this application under the Associations Incorporation Act 2015;*
- *The association's original certificate of incorporation has been lost, stolen or destroyed.*
- *The information contained within this application is to the best of my knowledge true and correct.*
- *I understand that it is an offence under section 177 of the Associations Incorporation Act 2015 to make a false and misleading declaration in relation to this application*

Signature	<input type="text"/>	Date signed	<input type="text"/>
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other, please specify: _____		
Name	<input type="text"/>	Surname	<input type="text"/>
Address (Street or PO)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Email	<input type="text"/>	Telephone	<input type="text"/>

IMPORTANT: Before you sign this form, check that you have provided true and correct information.

FORM CONTINUES GO TO NEXT PAGE

CONTACT FOR THIS APPLICATION

Who should Consumer Protection contact if there is a query about this application form?

- The applicant (submitter)
 Another person ► Provide the contact's details below:

Title Mr Mrs Ms Miss Other, please specify: _____

Name Surname

Address
(Street or PO)

Suburb State Postcode

Email Telephone