



**WESTERN AUSTRALIA POLICE FORCE**  
**APPLICATION FOR CERTIFICATE THAT LESSER CONVICTION IS SPENT**  
*SPENT CONVICTIONS ACT 1988 – SECTION 7(1)*

**Please Note:** The WA Police National Police Certificate (NPC) includes an application to spend eligible convictions. If you are applying for an NPC there is no need to complete this form separately.

**ELIGIBILITY CRITERIA**

- The WA Police Force can only spend lesser convictions heard in a WA court.
- Convictions must meet the following criteria in order to be considered eligible for assessment:
  - § A fine of less than \$15,000;
  - § An imprisonment sentence of 12 months or less, including suspended imprisonment sentences;
  - § A period of 10 years must expire from your most recent conviction that resulted in –
    - A fine of over \$500;
    - A court order (e.g. Community Based Order);
    - An imprisonment sentence;
- Any term of imprisonment imposed (including interstate sentences) will add to the 10 year period.
- Serious convictions can only be spent by the District Court. Please contact them for more information.

Completed forms can be posted to: Spent Conviction, Interagency Access, Locked Bag 20, Perth Business Centre WA 6849 or emailed to [npc@police.wa.gov.au](mailto:npc@police.wa.gov.au).

For more information regarding Spent Convictions please visit the WA Police website at [www.police.wa.gov.au](http://www.police.wa.gov.au)

**APPLICANT DETAILS**

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Any Name Previously Used (Alias/Maiden): \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_ MDL: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
(Motor Driver's Licence)

Residential Address: \_\_\_\_\_

Please select method of correspondence:  Post  Email

Email or postal address \_\_\_\_\_

I, the person named above, declare that the information provided in this application is true and correct and hereby apply for all eligible convictions to be declared spent under Section 7(1) of the *Spent Convictions Act 1988*.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

**WITNESS DETAILS**

I declare that I have sighted and confirmed the applicant's identification and witnessed their signature.

Witness Name: \_\_\_\_\_ Witness Profession: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

This application must be witnessed by a person authorised to take a statutory declaration through Schedule 2 of the *Oaths, Affidavits and Statutory Declarations Act 2005*. This includes but is not limited to:

- Justices of the Peace
- Lawyers
- Police officers
- Officers of the public service