



Application for an In-House Electrical Installing Work Licence

	Please print neatly in BLOCK LETTERS with a black or blue pen only
IH _____	Applicant Details Legal Name: _____ Business/Trading Name (if applicable): _____
Provide STREET ADDRESS of principal place of business	Street Address: _____ Suburb: _____ State: _____ Postcode: _____
If same as above address, write "as above"	Postal Address: _____ Suburb: _____ State: _____ Postcode: _____
Provide all relevant details	Home Phone: _____ Work Phone: _____ Mobile Phone: _____ Facsimile: _____ Email: _____
Please provide all relevant names	Names of All Owners, Partners and/or Directors Name: _____ Signature: _____ Date: _____ Name: _____ Signature: _____ Date: _____ Name: _____ Signature: _____ Date: _____ If insufficient space for all members of the firm to sign, please attach a separate page.
This section must be completed	Nominee Details Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Surname: _____ Given Names: _____ Date of Birth: _____
Provide details of current residential address	Residential Address: _____ Suburb: _____ State: _____ Postcode: _____
If same as above address, write "as above"	Postal Address: _____ Suburb: _____ State: _____ Postcode: _____

Provide email address details if available	Home Phone: _____ Work Phone: _____ Mobile Phone: _____ Facsimile: _____ Email: _____
This section must be completed	Nominee Declaration I am the holder of a current Western Australian Electrician's licence. Name: _____ EW Licence No: _____ Signature: _____ Date: _____
Please complete if you are, or have been, named as a nominee on a WA electrical contractor's licence	If you have previously been named as a nominee on an electrical contractor's or in-house licence in Western Australia, please complete the following details: EC No: _____ and/or IH No: _____ Name in which licence was issued: _____ Date licence or nominee status expired: _____
Please provide the name and address of all premises owned, leased or occupied where electrical installing work is to be carried out If insufficient space for all premises, please attach a separate page.	Details of Premises Owned, Leased or Occupied Name of Premises (if applicable): _____ Street Address: _____ Suburb: _____ State: _____ Postcode: _____ Name of Premises (if applicable): _____ Street Address: _____ Suburb: _____ State: _____ Postcode: _____ Name of Premises (if applicable): _____ Street Address: _____ Suburb: _____ State: _____ Postcode: _____ Name of Premises (if applicable): _____ Street Address: _____ Suburb: _____ State: _____ Postcode: _____
Sign and date before submitting application	Declaration In accordance with regulation 59 of the <i>Electricity (Licensing) Regulations 1991</i> , I declare that the information in this application or any documentation attached by me is complete and true to the best of my knowledge. Proprietor/Manager: _____ Signature: _____ Date: _____ Electrical Worker/Nominee: _____ Signature: _____ Date: _____ EW Licence No: _____

All required information is to be submitted for this application to be accepted

Completed Application- Please check

This application must be accompanied by the following:

- Evidence of successful completion of the required modules of the Electrical Contractor's Training Program by the named nominee
- Where you are trading in other than your own name, a copy of the Business Name Extract issued by the Consumer Protection Division of the Department of Consumer and Employment Protection and/or the Company Extract issued by the Australian Securities and Investments Commission (if applicable)
- Application fee of \$75.00
- Registration fee of \$199.00

Your registration will be valid for a period of one year from the date of issue.

Credit card details submitted as payment remain confidential at all times

Payment Details

- Cash payment (please do not post cash)
- Cheque enclosed (made payable to Department of Commerce)
- Credit Card payment MasterCard Visa

Card Number _____ / _____ / _____ / _____ Expiry Date /

Cardholder's Name: _____ Amount \$
(PLEASE PRINT)

Cardholder's Signature: _____