

Electrical Contractor's Application/ Annual Renewal

For Office Use Only

Type of Contractor's Licence Issued

CA CR RW CB SA

Approved By _____
Technical Inspector II (E) Signature

Type of Application

1 New Registration Renewal

New applications for Specialty Licences (SA) in accordance with Part 1 of Public Safety Act must be accompanied by letter of explanation for the Chief Electrical Inspector's approval

Type of Applicant (check one only)

2 Owner Partnership Corporation Representative

Applicant Information (Please type or print in ink)

3 Name of Applicant _____ If for Renewal, state Contractor's Registration Number _____

Address _____ Postal Code _____

Email _____ Business Telephone _____ Fax _____ Cellular Telephone _____

Contact information will be posted to Government's website and will be publicly accessible.

Certificate of Qualification for Contractor's Representative (If more than one, please attach additional sheets if extra space is required)

4 Indicate Type of Licence Inter-Provincial Journeyman Electrical Construction Inter-Provincial Journeyman Industrial Electrician Residential Electrician CB Licence

Licence Number _____ Issued By (Province or Territory) _____

Original Date of Issue
Y Y Y Y M M D D

Expiry Date (if applicable)
Y Y Y Y M M D D

Sole Owner (Complete if applicable. If Partnership/Corporation skip this question and proceed to section 6)

5 Business Name _____

Partnership/Corporation Information (Complete if applicable. If Sole Owner proceed to section 8)

6 Name of Partnership or Corporation _____

Mailing address of Partnership or Corporation _____

_____ Email _____

Registered address of Partnership or Corporation _____

Business Telephone _____ Fax _____ Cellular Telephone _____

Name of Manager of the Partnership's/Corporation's Electrical Contracting Department/Division (please print) _____

Manager's Address (if different from above) _____

Business Telephone _____ Manager's Signature _____

Attach list of Partners and/or Directors of Corporation on a separate sheet, if applicable.

7 Certification (Please complete if Partnership / Corporation. (If sole owner skip this section and proceed Section 8))

I _____ certify that I am properly authorized to make this application on behalf of
Name of Manager / Signing Officer
 the company or corporation indicated in Section 6 of this form and that _____
Contractor's Representative
 has been designated Contractor's Representative for this company.

This company will ensure that the requirements and associated adopted electrical codes and standards are fulfilled for all work undertaken and that electrical work will be performed by personnel who have been trained and certified by a recognized authority.

Signature of Manager / Signing Officer

Date

Y	Y	Y	Y	M	M	D	D
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8 Affirmation

Affirmation (Not required for renewal if there has been no material change from previous application.)

I/we affirm that the information given in this application is true and complete to the best of my/our knowledge and belief.
 I/we declare that I/we have read and understand the obligations under the *Public Safety Act* and The Electrical Regulations and will comply with the terms and conditions of this Registration Certificate. I/we hereby undertake to notify the Department of Government Services in writing of any material change affecting this application. I/we understand that I/we will be subject to periodic inspections/ audits for the purpose of ensuring compliance with the *Public Safety Act* and The Electrical Regulations and the Canadian Electrical Code. I/we make this declaration knowing that it has the same force and effect as if made under the provisions of *The Canada Evidence Act*.

Declared before me

at _____

Signature of Applicant

in the _____ of _____

this ____ day of _____, 20____.

Commissioner of Oaths / Justice of the Peace /
**Notary Public - with raised seal (if completed outside
 Newfoundland and Labrador)**

Signature of Manager / Signing Officer

9 Method of Payment

Cash Debit Cheque Money Order

Credit Card

Credit Card Number

Credit Card Expiration Date

Signature on Credit Card

Visa

Y	Y	Y	Y	M	M
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Mastercard

**All cheques/money orders are to be made payable to the Newfoundland Exchequer Account.
 "WHERE THE FEE PAID IS INSUFFICIENT, THE BALANCE SHALL BE PAID UPON REQUEST."**

10 Routing Information

Forward completed form to the nearest regional office of the Government Service Centre listed below:

MOUNT PEARL

Motor Registration Building
 Telephone: (709) 729-2498
 Facsimile: (709) 729-7400

HARBOUR GRACE

7-9 Roddick Crescent
 Telephone: (709) 945-3106
 Facsimile: (709) 945-3114

CLARENVILLE

8 Myer's Avenue
 Telephone: (709) 466-4060
 Facsimile: (709) 466-4070

GANDER

Fraser Mall
 Telephone: (709) 256-1420
 Facsimile: (709) 256-1438

GRAND FALLS-WINDSOR

3 Cromer Avenue
 Telephone: (709) 292-4206
 Facsimile: (709) 292-4149

CORNER BROOK

Sir Richard Squires Building
 Telephone: (709) 637-2369
 Facsimile: (709) 637-2681

HAPPY VALLEY-GOOSE BAY

2 Tenth Street
 Telephone: (709) 896-5428
 Facsimile: (709) 896-4340

PRIVACY NOTICE

The Government Service Centre collects personal information relating to electrical contractors under the authority of the *Public Safety Act*. This information may be shared with Motor Registration Division for the purposes of receipting at Government Service Centres and the Department of Education, Industrial Training Division, for the administration of the Plan of Training under the *Apprenticeship Training and Certification Act*. Personal information collected by the Government of Newfoundland and Labrador is protected under the *Access to Information and Protection of Privacy (ATIPPA) Act*. If you have any questions about the collection or use of this information, please contact a Government Service Centre representative at your nearest Government Services office.