

Form 22

# Change of details or replacement/additional card for an electrical contractor licence

V 1.12.2017

Electrical Safety Act 2002

**NOTE: You can change your address or contact details online at [www.electricalsafety.qld.gov.au](http://www.electricalsafety.qld.gov.au).**

**NOTE: If you need to change details for your electrical work licence you need to submit a Form 15.**

**Please complete all fields in BLOCK LETTERS.**

## Section 1 Current electrical contractor licence

Complete these details exactly as they appear on your electrical contractor licence

Name on licence
Licence number

## Section 2 Select an option below

<input type="checkbox"/>	I require a replacement copy of my licence because it has been lost, damaged or destroyed. (complete sections 1, 5 and 6 - fee applies)
<input type="checkbox"/>	I would like to change my address or contact details. (complete sections 1, 4 and 5 - no fee applies)
<input type="checkbox"/>	I would like to change details that appear on my licence. (complete sections 1, 3, 5 and 6 - fee applies)
<input type="checkbox"/>	I require additional copies of my electrical contractor licence. Number of copies required (complete sections 1, 5 and 6 - fee applies for each copy)

## Section 3 Change of licence details

Please provide your change of details below

If your ACN has changed you will need to complete an Application for a Queensland electrical contractor licence (Form 18)

Legal Name		
Registered business/trading names	Add	Remove
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

## Section 4 Change of address/contact details

Phone	Mobile
Email	

### Business address (cannot be a PO BOX)

Unit/Building No.	Street No.	Street Name
Suburb/Town/Locality	State	Postcode

Is your postal address the same as your business address above?  YES  NO

If NO please provide the following details

### Postal address

Unit/Building No.	Street No.	Street Name/PO Box
Suburb/Town/Locality	State	Postcode

## Section 5 Declaration

I declare that:

- I am the licence holder or am authorised by the licence holder to act on their behalf, and
- the information contained in this application is, to the best of my knowledge, true and correct.

Signature		Date
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## Section 6 Fees

Your application will not be processed until the prescribed fee has been paid. Please refer to the “Fee Schedule” on the Electrical Safety Office website at [www.electricalsafety.qld.gov.au](http://www.electricalsafety.qld.gov.au).

Please indicate your preferred method of payment below.

Your receipt will be sent to the postal address provided. If you wish for your receipt to be sent to a different address, provide the alternate address below or advise the receipting officer at the time of payment.

Our office will retain part of the fee paid to offset processing costs if an application is refused or withdrawn. The refundable amount of the fee paid is shown in schedule 8 of the Electrical Safety Regulation 2013, available on the Electrical Safety Office website at [www.electricalsafety.qld.gov.au](http://www.electricalsafety.qld.gov.au). For further information phone: 1300 362 128 (Australia only) or +617 3006 6714 (outside Australia).

<input type="checkbox"/>	I have enclosed a cheque or money order with this application. Cheques and money orders are to be made payable to “The Electrical Safety Office”.
<input type="checkbox"/>	I wish to pay by credit card

**NOTE: DO NOT PROVIDE YOUR CREDIT CARD DETAILS ON THIS FORM. An officer from the Electrical Safety Office will contact you to arrange payment of your fees. To confirm their identity they will quote your name and electrical contractor licence number as per this application. If you are not provided this information do not proceed with the transaction.**

### Alternative receipting address

Unit/Building No.	Street No.	Street Name/PO Box
Suburb/Town/Locality	State	Postcode

## Lodging your application

Please ensure you provide **legible copies** of any relevant documents for this application.

The preferred method of application is by email to [LPS@oir.qld.gov.au](mailto:LPS@oir.qld.gov.au)

Alternatively, you may lodge your application by mail to:

Electrical Safety Office  
Licensing Processing Services  
PO Box 820  
Lutwyche Qld 4030

or

Fax: (07) 3874 7670

### Privacy statement

The Electrical Safety Office is collecting your personal information in order to process your application for an electrical work licence/permit in accordance with the *Electrical Safety Act 2002*. Our office may be required to disclose your personal information to other Australian and New Zealand electrical regulators or as otherwise required by law. Your information will be disclosed to a third party contractor to print and send you your licence card, and licence renewal requests. This information may also be used to provide you with electrical safety updates, for statistical research, for auditing purposes, evaluation and reporting of our services. This includes publishing your licence details on the Electrical Safety Office online register.