Form 18

Application for a Queensland electrical contractor licence

V7.02.2022 Electrical Safety Act 2002

All business and company names must be registered with the Australian Securities and Investments Commission.

The nominated qualified technical person (QTP) and qualified business person (QBP) must be either:

- for a sole trader the applicant or an employee
- for a partnership a partner or employee
- for a corporation an executive officer or employee of the corporation.

Please complete all fields in BLOCK LETTERS

Suburb/Town/Locality

| Section 1 Applicant deta | ails | | | | | | |
|---|--|---|--------|--|--|--|--|
| What scope of electrical work w | ill be carried out und | der the licence? | | | | | |
| Unrestricted - Allows all electrical work. Including installation work. | | | | | | | |
| Restricted - Limited to wor | Restricted - Limited to work permitted by the work licence of the nominated QTP, excluding electrical installation work. | | | | | | |
| Restricted - Testing and ta | gging work only | | | | | | |
| Restricted - Electrical work | carried out as a pra | actising electrical engineer. | | | | | |
| Will the applicant be conducting | the business as: | a corporation a partnership an individual | | | | | |
| Legal name | | | | | | | |
| ACN | AB | BN | | | | | |
| Note: The ACN and ABN must be | e attached to the leg | gal name entered above. Corporations must supply an ACN | | | | | |
| Registered business name/s | | | | | | | |
| Section 2 Contact detail | | ve electrical licence renewal information | | | | | |
| Tou must provide a current ema | iil address to receive | ve electrical defice renewal information | | | | | |
| Phone | ill address to receive | Mobile | | | | | |
| | ill address to receive | | | | | | |
| Phone | | Mobile | | | | | |
| Phone Email | ess must be within A | Mobile | | | | | |
| Phone Email Your business and postal addre | ess must be within A | Mobile | | | | | |
| Phone Email Your business and postal addre Business address (cannot be a | ess must be within A PO BOX) | Mobile Australia Street Name | stcode | | | | |
| Phone Email Your business and postal addres Business address (cannot be a Unit/Building No. | ess must be within A PO BOX) Street No. | Mobile Australia Street Name State Pos | stcode | | | | |
| Phone Email Your business and postal addres Business address (cannot be a Unit/Building No. Suburb/Town/Locality | PO BOX) Street No. as your business ad | Mobile Australia Street Name State Pos | stcode | | | | |
| Phone Email Your business and postal addres Business address (cannot be a Unit/Building No. Suburb/Town/Locality Is your postal address the same | PO BOX) Street No. as your business ad | Mobile Australia Street Name State Pos | stcode | | | | |

State



Postcode

Section 3 Insurance requirements

The applicant must hold the relevant insurance required under s51 of the *Electrical Safety Regulation 2013*. The policy must be held in the legal name under which the application is made. Please provide details of your insurance policy below.

| You are | not requ | iire | d to p | rovide | cop | pies | of yo | ur ins | urance | certifi | icate | with | this a | pplic | cation | | | | | | | | | |
|---------------------|---------------------------------|---------------------------|------------------------------------|------------------------------|----------------------|-------------------------|--------------------------|----------------------------|----------------------------|-------------------|---------|---------|----------|--------------|-----------------|---------|----------|-----------|----------|-------------------------|-------|-------|------|-----|
| | ou confi tion 201 | | d witl | n your | insı | urer 1 | that y | our ir | nsuranc | e polic | cy me | eets 1 | the req | Juirer | ments (| of s51 | of the | Electrica | ıl Safet | у | | YES | | NO |
| Name o | of insure | r | | | | | | | | | | | | | | | | | | | | | | |
| Policy | number | | | | | | | E | xpiry da | ate | | | | | | | | | | | | | | |
| Section 4.1 QTF | | | ified | d tec | hni | ical | per | son | (QTP) |) | | | | | | | | | | | | | | |
| Title: | Mr | | ۸rs [| Ms | ; | Mi | iss | Otł | ner | | | | | | | | | | | | | | | |
| Family | name | | | | | | | | | | | | | | | | | | | | | | | |
| Given r | name/s | | | | | | | | | | | | | | | | | | | | | | | |
| Middle | name/s | ; <u> </u> | | | | | | | | | | | | | | | | | | | | | | |
| Date of | fbirth | | | | | Р | hone | numb | oer | | | | | | Email | | | | | | | | | |
| 4.2 QTI | P histor | У | | | | | | | | | | | | | | | | | | | | YES | 6 | NO |
| | | - | used (| or disc | quali | ified | from | holdi | ng an e | lectric | al lice | ence | /regist | tratio | on in Qເ | ueens | land or | any oth | er juris | diction? | | | | |
| Have y | ou had a | ın e | lectri | cal lice | ence | /reg | istrat | ion ca | ancelled | d or su | spen | nded | in Que | ensla | and or a | any o | ther jur | sdiction | 1? | | | | | |
| Have y | ou been | sub | oject t | o disc | iplir | nary a | action | n unde | er the <i>E</i> | lectric | al Sa | afety i | Act 200 | <i>02</i> or | r corres | pond | ing law | of anot | her juri | sdiction? | | | | |
| | ı subjec another | | | | or cu | ırren | t disc | iplina | ıry heari | ing or | proce | eedii | ng und | er th | ie <i>Elect</i> | rical S | Safety A | ct 2002 | or corr | espondin | ıg | |] | |
| an imp | ou or an rovemer ation re | nt n | otice, | | | | | | | | | | | | | | | | | ssued wit ent or | th | |] | |
| If you ha | | | d YES | S to an | y of | the | above | e ques | stions y | ou wil | ll be o | conta | acted fo | or fui | rther in | nforma | ation. | | | | | | | |
| You mus recognit | st hold a | Qu | eensl | and el | | | | | | for at le | east t | two y | years, o | or a (| Queens | sland | electric | al mech | anic lic | ence issu | ed uı | nder | mut | ual |
| Queen | sland el | ectr | ical w | ork lic | enc | e nuı | mber | | | | | | | | | | Ex | piry dat | e | | | | | |
| You mus | st also m | eet | one o | of the | follo | wing | g elig | ibility | criteria | 1 | | | | | | | | | | | | | | |
| | I have | con | plete | d UEE | ELo | 002, | UEEF | ELoo3 | o and U | JEEELo | 0029 | (UEE | EELood |)2 MI | ust hav | e bee | en comp | leted w | ithin tl | ne last th | ree y | ears) |) | |
| | | | | | | | | | fattainr | | | | | | | | | | | | | | | |
| | I am ap (sole t above | ply rad as r | ing ui er) . (C nutua | nder m (TPs n Il reco: | nutu omi gniti | ial re nate ion d | cogni d for does r | ition c compa not ap | any or poply). | rent in partne | ership | o con | tractor | | | | | | | e of an in ining req | | | list | ed |
| | | | | py of | you | r inte | erstat | e elec | trical co | ontract | tor li | icenc | e card | | | | | | | | | | | |
| You mus | | EN | CE | | | | | | | | | | | | | | | | | | | | | |
| • have | l a Quee e comple n RPEQ | eted | UEEF | RLooo | 3 (fc | or tes | sting a | and ta | agging o | only), d | or | | | | | | | | | | | | | |
| | hold a (|)ue | ensla | nd ele | ctric | al w | ork li | cence | | | | | | | | | | | | | | | | |
| Queen | sland ele | ectr | ical w | ork lic | enc | e nur | mber | | | | | | | | | | Ex | piry dat | e | | | | | |
| | 1 | | _ | | | | | | ontracto attainm | | | | _ | aggir | ng work | c only | | | | | | | | |
| | I am a | | _ | | | | | _ | er. te of res | gistrat | tion. | | | | | | | | | | | | | |

| 4.4 Pro | of of iden | tification | | | | | | | | | | | |
|--|--|--|------------|----------------|----------|--|---------------|----------------|----------------------|--------------------|-------------|---------|--------|
| | | | nd electi | rical wo | rk lice | ice. (Provide your lice | ence numb | er in section | 4.3 above), 0 | ıR | | | |
| | I have p | ve provided copies of identity documents in accordance with Table 1. | | | | | | | | | | | |
| The n | ominat | ad OTE | must | cian t | ha d | eclaration on pa | 2GD // | | | | | | |
| i iie ii | Ullillat | eu Qir | illust | Sigii (| iiie u | ectaration on po | age 4 | | | | | | |
| Section | on 5 Qu | alified | busine | ess pe | rson | (QBP) | | | | | | | |
| 5.1 QBP | details | | | | | | | | | | | | |
| Title: | Mr | Mrs | Ms | Miss | О | her | | | | | | | |
| Family | name | | | | | | | | | | | | |
| Given | name/s | | | | | | | | | | | | |
| Middle | name/s | | | | | | | | | | | | |
| Date o | f birth | | | | Ph | one number | | Email | | | | | |
| r 2 OR | P history | , | | | | | | | | | | | Ī |
| | | | | | | | | | | | | Yes | No |
| Have y | ou ever b | een subje | ct to acti | ion unde | er part | IX or X of the <i>Bankru</i> | iptcy Act 19 | 066? | | | | | |
| ' | | Yes, have ence of yo | • | | arged | rom the bankruptcy? | ? | | | | | | |
| or adm | | n, or unde | | | | r of a company which , had a controller app | | | | | | | |
| | Have you been convicted of any criminal offence (excluding traffic offences) relating to honesty within the last ten years e.g. fraud or stealing? | | | | | | | | | | | | |
| Have you been convicted of an offence under section 596 of the Corporations Act 2001 Cth? | | | | | | | | | | | | | |
| Have you ever been disciplined by any committee, tribunal or court in relation to the performance of electrical work in Queensland or any other jurisdiction? | | | | | | | | | | | | | |
| Has an electrical contractor licence holder for which you were a QBP or director at the relevant time ever been disciplined by any committee, tribunal or court in relation to the performance of electrical work in Queensland or another jurisdiction? | | | | | | | | | | | | | |
| | | | | | | y hearing or proceed any other jurisdictio | | committee, 1 | tribunal or co | urt in relation to | the | | |
| Is an electrical contractor licence holder for which you were a QBP or director at the relevant time subject to a pending or current disciplinary hearing or proceeding by any committee, tribunal or court relating to the performance of electrical work in Queensland or another jurisdiction? | | | | | | | | | | | | | |
| If you h | ave answ | ered YES t | o any of | the abo | ve qu | stions you will be co | ntacted fo | r further info | rmation. | | | | |
| 5.3 QB | P eligibi | lity | | | | | | | | | | | |
| UNRES | TRICTED | ICENCE | | | | | | | | | | | |
| | 1 | ompleted mplete ei | | 007 and | UEEE | Loo4o (these units m | nust be cor | npleted by a | ll QBPs on un | restricted contra | actor licen | ces) pl | us you |
| | BSE | | | | | | | | | | | | |
| | • a bu | siness qu | alificatio | on of dip | loma | evel or higher (e.g. B | achelor of | Business), o | r | | | | |
| | • hav | e provideo | l evidend | ce of hav | ving o | erated a business fo | or five years | 5 | | | | | |
| | Provide | copy of y | our state | ements | of atta | inment/qualificatior | ns/evidenc | e of busines | s experience | • | | | |
| Interstate electrical contractor licence holders only I am applying under mutual recognition of a current interstate electrical contractor licence issued in the name of an individual (sole trader) . (QBPs nominated for company or partnership contractor licence applications must meet the training requirements listed above as mutual recognition does not apply). | | | | | | | | | | | | | |
| DECTRI | | | y of you | r interst | ate el | ectrical contractor lic | ence card | | | | | | |
| | CTED LIC | | | | | | | | | | | | |
| | | npleted BS | - | | | | | | | | | | |
| | | - | | • | | evel or higher (e.g. B | sachelor of | pusiness), o | or | | | | |
| | • | rated a bi | | - | | | | . | _ | | | | |
| | Provid | e copies o | of your st | tatemen | it of at | tainment/qualificatio | ns/eviden | ce of busine | ss experience | • | | | |

| 5.4 QBP proof of identification | | | | |
|---|--|-----------------------|---------------------------|-----------------------|
| I hold a Queensland electrical v | vork licence. (Provide your licence num | nber below) OR | | |
| I have provided copies of ident | tity documents in accordance with Tabl | e 1. | | |
| Queensland electrical work licence n | ımber | | Expiry date | |
| The nominated QBP must si | gn the declaration on page 4 | | | |
| Section 6 Authorised parties | ; ; | | | |
| | eal with parties authorised to act on be ls. Nominated parties will remain auth | | | |
| Name | Position | | Signature | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Section 7 Declaration by QTI | • | | | |
| I declare that: | | | | |
| contractor. | ompetent to perform the technical aspert this application is true and correct to or the applicant. | | | a licensed electrical |
| I am aware that I should inform the Ele | ectrical Safety Office if I cease to be, or | no longer wish to be | , the QTP for this licenc | e. |
| Signature | | Date | | |
| | | | | |
| Section 8 Declaration by QB | P | | | ı |
| I declare that: | | | | |
| contractor.the information provided by me fo | ompetent to perform the business aspe r this application is true and correct to | | | a licensed electrical |
| I agree to be the nominated QBP for | | | | |
| | ectrical Safety Office if I cease to be, or | | , the QBP for this liceno | ce. |
| Signature | | Date | | |
| | | | | I |

Section 9 Declaration by licence applicant

The declaration can only be signed by:

- for a sole trader the applicant
- for a partnership a partner of the partnership
- for a corporation a director or executive officer of the corporation.

| Title: Mr | Mrs Ms Other |
|-----------------|--------------|
| Family name | |
| Given name/s | |
| Middle name/s | |
| Phone number | Email |
| I do aloro that | |

I declare that:

- I am authorised to sign this application.
- The information contained in this application and all attachments are true and correct to the best of my knowledge.

| Signature | Date |
|-----------|------|
| | |
| | |

Section 10 Fees

Your application will not be processed until the prescribed fee has been paid.

Please refer to the "Table of fees" on the Electrical Safety Office website eso.qld.gov.au.

Please indicate your preferred method of payment.

| I wish to pay by credit card. You will receive an email directing you how to make payment. Please ensure that the email address you have provided in this |
|---|
| application is correct. Do not provide your credit card details on this form. |
| I wish to pay by cheque or money order (only available for mailed applications). Cheques and money orders are to be made payable to "The Electrical |
| Safety Office". |

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 at eso.qld.gov.au.

For further information phone: 1300 632 993.

Lodging your application

The preferred method of application is by email to 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

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.

Table 1 Identity documents

You need to provide certified or witnessed copies of two matching identity documents from the list below. The two documents can be:

two category A documents

OR

one category A document and one category B document.

At least one document must be photographic and show a full name and date of birth.

Certified copies

A certified copy is a copy of an original document that has been verified to be a true coy by either a Justice of the Peace or a Commissioner for Declarations. For more information visit www.qld.gov.au/law/legal-mediation-and-Justice-of-the-Peace/about-justice-of-the-peace

Witnessed copies

Copies of identity documents can also be witnessed by the following parties. The witnessing party will need to:

- 1. write on the copy "This is a true copy of the original document sighted by me on DD/MM/YY".
- sign and print their name
- provide a contact telephone number, and
- 4. state their profession/occupation

Approved witnessing parties

- Legal Practitioners, JPs or C-Decs
- Medical professionals (Doctor, Dentist, Nurse, Pharmacist, Physiotherapist, etc)
- Primary, secondary and tertiary teaching professionals
- Serving public servants (Local, State and Commonwealth)
- **Chartered Accountants**
- **RPEQ** engineers
- Post Office staff
- Financial institution staff (banks, building societies/credit unions)

Approved identity documents

Documents or identity cards that carry an expiry date must be current

Category A documents

- Australian or New Zealand driver licence
- Australian Passport
- Foreign Passport
- Australian Birth Certificate (full or extract)

Category B documents

- Medicare card
- Queensland High Risk Work licence
- QBCC occupational licence
- Australian Firearm Licence
- Student ID Card
- Australian Defence Force photo identity card (excluding civilians)
- Australian Citizenship Certificate/Naturalisation Certificate
- Certificate of Evidence of Resident Status

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