

Form 31

Application for electrical work licence (permit holders)

V14.07.2016

Electrical Safety Act 2002

INSTRUCTIONS: Read the guidelines when completing this application form. Details of supporting documents required are outlined in the guidelines. The guideline sections align with this form's section numbers.

Write your electrical work training permit number below - If you have held multiple permits provide your most recent permit number

Permit number:

Permit expiry date:

Section 1 - Applicant details

Please complete in BLOCK letters

Title: Mr / Mrs / Ms / Miss / Other

Family name:

Given name/s:

Middle name/s:

Date of birth:

Residential address:

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

Enter "as above" if postal address is the same as residential address.

Postal address:

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

Phone:

Facsimile:

Mobile:

Email:

Section 2 - Completion statement

- I have completed the required training under a Supervising Registered Training Organisation (SRTO) and have confirmed with my SRTO that my completion statement has been forwarded to the department.

Name of SRTO:

Student number:

Where issued:

Section 3 - Resuscitation competence (CPR)

CPR certificate must have been issued within the last 12 months. CPR is not required for the issue of an electrical work training permit.

- I have been trained in, and am competent to carry out, resuscitation on an individual who has stopped breathing or is unconscious because of electric shock. I am able to prove my competency by providing documentation which is current at the time of this application. I can make this documentation available for auditing purposes.

CPR issue date of qualification/certificate/training:

And (for an electrical linesperson only)

- I have been trained in, and am competent to carry out, resuscitation and rescue at a pole-top or transmission tower (PTR) on an individual who has stopped breathing or is unconscious because of electric shock. I am able to prove my competency by providing documentation which is current at the time of this application. I can make this documentation available for auditing purposes.

PTR issue date of qualification/certificate/training:

Section 4 - Declaration by the applicant

An un-witnessed declaration will not be accepted by the department.

I _____ am the applicant.

I meet the requirements for an electrical work licence. If issued an electrical work licence I will continue to meet the eligibility requirements for an electrical work licence under the Electrical Safety Regulation 2013.

I declare that the information contained in this application and all attachments are true and correct to the best of my knowledge.

Signature:		Date:	
Witness signature:		Date:	
Witness name:			

Note: The Electrical Safety Office may request you to provide evidence in support of this declaration. There are substantial penalties under the *Electrical Safety Act 2002* for making a statement to the department or providing a document to the department that you know is false or misleading in any material particular. Also supplying incorrect or misleading information and failing to comply with the eligibility requirements throughout the term of the licence are grounds for disciplinary action.

Section 5 - Lodging this form

You may lodge your application by mail to: _____ or
 Electrical Safety Office Licence Processing Services Fax: +617 3874 7670
 PO Box 820
 Lutwyche Qld 4030

Note: A completed application form and the full fee must be received for your application to be accepted. If all supporting documentation is not received within 28 days of lodgement of your application you are taken to have withdrawn your application. The Electrical Safety Office will retain part of the fee paid to offset processing costs if an application is refused or withdrawn. Any refundable amount of the fee paid is shown in schedule 8 of the Electrical Safety Regulation 2013 which can be located on the Electrical Safety Office website electricalsafety.qld.gov.au. For more details phone: 1300 362 128 (Aust only) or +617 3006 6714 (outside Aust).

Privacy statement:

The Electrical Safety Office is collecting your personal information in order to process your application for an electrical work licence (permit holder) in accordance with the *Electrical Safety Act 2002*. The Electrical Safety Office may be required to disclose your personal information to the prescribed electricity entities in Queensland and 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 auditing purposes for statistical research, evaluation and reporting of our services. This includes publishing your licence details on the Electrical Safety Office online register which is accessible by the public.

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 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.

The department 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. 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: An officer from the Electrical Safety Office will contact you to arrange payment of your fees. To confirm their identity they will quote relevant details such as your name, date of birth, licence/permit details 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