

Form 12

Application for renewal or reinstatement of an expired electrical work licence

V 1.07.2017

Electrical Safety Act 2002

Use this form to renew your licence before the expiry date or to re-instate a licence expired less than 12 months.

For licences expired longer than 12 months you need to submit an application for a new licence (Form 11 or Form 21) using your expired licence as proof of eligibility.

Please complete all fields in BLOCK LETTERS

Section 1 Licence renewal/reinstatement details

Your licence number, customer reference number and serial number are provided on your renewal letter.

| | | | |
|----------------|-------------|---------------------------|---------------|
| Licence number | Expiry date | Customer reference number | Serial number |
|----------------|-------------|---------------------------|---------------|

Section 2 Applicant details

| | |
|--|--------|
| Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other | |
| Family name | |
| Given name/s | |
| Middle name/s | |
| Date of birth | |
| Phone | Mobile |
| Email | |

Residential 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 residential 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 3 Resuscitation (CPR)/ Pole Top Rescue (PTR)/ Skills maintenance

Copies of CPR/PTR certificates are not required to be provided with this application. You must provide satisfactory evidence of completion if you undertook any part of the skills maintenance through a registered training organisation (RTO).

For all applicants

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| <input type="checkbox"/> I have completed the skills maintenance requirements for my licence class within the previous two years. |
| <input type="checkbox"/> I have been trained in resuscitation within the last twelve months and can provide a certificate of currency if required for auditing purposes. |
| CPR issue date |

For electrical linesperson applicants only

| | |
|--|----------------|
| <input type="checkbox"/> I have been trained in pole-top or transmission tower rescue within the last twelve months and can provide a certificate of currency if required for auditing purposes. | PTR issue date |
|--|----------------|

Section 4 Declaration

I declare that the information contained in this application is, to the best of my knowledge, true and correct.

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

Section 5 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.

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. For further information phone: 1300 362 128 (Australia only) or +617 3006 6714 (outside Australia).

| |
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| <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 date of birth 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

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.