

Form 19

Application to renew or reinstate a Queensland electrical contractor licence

V 1.07.2017

Electrical Safety Act 2002

NOTE: If you have changed the legal entity and as a result your ABN or ACN has changed you cannot renew your licence. You must submit a new application (Form 18)

For licences expired longer than 12 months you need to submit an application for a new licence (Form 18)

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
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Section 2 Current licence details

NOTE: The ACN and ABN must be attached to the legal name entered above. Corporations must supply an ACN

Legal name
ABN ACN
Registered business/Trading name/s

If you wish to add or remove any registered business or trading names please indicate below.

Registered business/Trading name/s

	Add	Remove
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Section 3 Current contact details

Your business and postal address must be within Australia

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 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	
Phone	Mobile			
Email			Facsimile	

Section 4 Current qualified persons details

If you wish to add or remove a qualified technical person or qualified business person for this licence you need to submit a Form 20 - *Application for additional/change of qualified person for a contractor licence*.

Names of qualified technical people	Licence number

Names of qualified business people	Licence number

Section 5 Insurance requirements

The legal entity making the application must hold the relevant insurance required under s51 of the Electrical Safety Regulation 2013. Please provide details of your insurance policy below.

You are not required to provide copies of your insurance certificate with this application.

Name of insurer	
Policy number	Expiry date

Section 6 Declaration by licence applicant

Complete the details of the applicant or the person authorised to complete this form on behalf of the applicant.

This person will also be the contact person for this licence.

All written correspondence will be sent and addressed to this person via the nominated postal address.

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 number	Email

I declare that:

- I am the applicant or am authorised by the applicant to sign this application.
- The applicant meets the eligibility requirements for an electrical contractor licence under the Electrical Safety Regulation 2013.
- The qualified persons nominated on this form meet the eligibility requirements for the licence.
- the information contained in this application and all attachments are true and correct to the best of my knowledge.

Signature	Date
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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 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 receiving 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).

<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 the licence number and legal name 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 certified copies** of any work licences, certificates or other records required and your proof of identification documents.

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
Licence 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's online register.