Form 16

Application for an electrical work licence

(mutual recognition)

V 9.08.2021

Electrical Safety Act 2002

Use this form if you are applying for a Queensland electrical work licence, including a restricted electrical work licence, under the *Mutual Recognition Act* 1992 or *Trans-Tasman Mutual Recognition Act* 2003.

The class of licence issued will be determined by the scope of work permitted under your original licence.

Please complete all fields in BLOCK LETTERS

Section 1 App	licant details
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occion 1	, ,bb	cuii		113									
Title: M	r 📗	Mrs	Ms	Miss	Other								
Family nam	e												
Given name	e/s												
Middle nam	ne/s												
Date of birt	h												
Phone							Mobile						
Email													
Residential	Residential address (cannot be a PO BOX)												
Unit/Buildi	ng No.			Street No.	S	Street Name							
Suburb/Tov	vn/Lo	ality						State		Postcode			
Is your posta	al addr	ess the	same a	as your res	idential address	s above? YES	S NO						
If NO please	provic	le the f	ollowin	g details									
Postal addre	ess												
Unit/Buildi	ng No.			Street No.	S	Street Name/PO	Вох						
Suburb/Town/Locality					State		Postcode						
Section 2	Pro	of of i	denti	fication									
I have p	rovide	d copie	es of id	entity docu	ments in accord	dance with Table	9 1						
Section 3	Inte	rstate	e/Nev	w Zealar	nd licence								
Provide deta													
Licence nur	nber					Licence categ	gory			Expiry date			
Place of iss	ue												
Is your licence subject to any conditions or restrictions that do not appear on the licence? YES NO													
If YES please provide the following details													



		en subject to any disciplinary proceedings (including any preliminary investigations or action the olinary proceedings) in relation to your licence?	at might	YES	□NO			
If Yes	please	provide the following details						
Secti	ion 4	Declaration						
I dec	lare tha	t:						
• 1	the info	rmation contained in this application is, to the best of my knowledge, true and correct.						
•	I am registered or have a current electrical licence in the jurisdiction stated in this application.							
	I am applying for recognition of that licence in accordance with the mutual recognition principle under the <i>Mutual Recognition</i> (Queensland) Act 1992 or the <i>Trans-Tasman Mutual Recognition</i> (Queensland) Act 2003.							
•	am no	subject to any disciplinary proceedings other than as declared in Section 3.						
	•	ce is not cancelled or suspended as a result of disciplinary action.						
	I am not otherwise personally prohibited from carrying on any such occupation, and am not subject to any special conditions in carrying on that occupation, as a result of criminal, civil or disciplinary proceedings in New Zealand or any other State or Territory.							
		subject to any special conditions in the carrying out of my occupation other than as declared in	-					
		nsent to the Electrical Safety Office to make inquiries of, and exchange information with, the au ate or Territory regarding my activities in the occupation or otherwise regarding matters relevan			d or any			
•	l have p	rovided certified copies of the original instrument that evidences my existing registration.						
Signa	ature		Date					
Secti	ion 5	Fees Tees						
Your a	pplicati	on will not be processed until the prescribed fee has been paid. Please refer to the "Table of fee	s" at eso.q l	ld.gov.au.				
Please	indicat	e your preferred method of payment below.						
		to pay by credit card. You will receive an email directing you how to make payment. Please ensued in this application is correct. Do not provide your credit card details on this form.	ire that the	email addre	ss you have			
	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".							
		retain part of the fee paid to offset processing costs if an application is refused or withdrawn. Thedule 8 of the <i>Electrical Safety Regulation 2013</i> , available at eso.qld.gov.au .	he refunda	ble amount c	of the fee paid			
For fur	ther inf	ormation phone: 1300 632 993.						
Lodg	ing y	our application						
_	• • •	method of application is by email to LPS@oir.qld.gov.au						
Alterna	atively,	ou 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 copy 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:

- write on the copy "This is a true copy of the original document sighted by me on DD/MM/YY". 1.
- sign and print their name 2.
- provide a contact telephone number, and 3.
- 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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