



## Electrical Contractor's Application/ Annual Renewal

### For Office Use Only

Type of Contractor's Licence Issued

CA  CR  RW  CB  SA

Approved By \_\_\_\_\_  
Technical Inspector II (E) Signature \_\_\_\_\_

### Type of Application

**1**

New Registration  Renewal  Upgrade Request  Please specify \_\_\_\_\_

**New applications for Specialty Licenses (SA) in accordance with Part 1 of Public Safety Act must be accompanied by letter of explanation for the Chief Electrical Inspector's approval**

### Type of Applicant (check one only)

**2**

Owner  Partnership  Corporation  Representative

### Applicant Information (Please type or print in ink)

**3**

Name of Applicant	If for Renewal, state Contractor's Registration Number
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Address	Postal Code
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Email	Business Telephone	Fax	Cellular Telephone
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**Contact information will be posted to Government's website and will be publicly accessible.**

### Certificate of Qualification for Contractor's Representative (If more than one, please attach additional sheets if extra space is required)

**4**

Indicate Type of Licence	Inter-Provincial Journeyperson Electrical Construction <input type="checkbox"/>	Inter-Provincial Journeyperson Industrial Electrician <input type="checkbox"/>	Residential Electrician <input type="checkbox"/>	CB Licence <input type="checkbox"/>																
Licence Number		Issued By (Province or Territory)																		
Original Date of Issue <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>		Y	Y	Y	Y	M	M	D	D	Expiry Date (if applicable) <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>			Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D													
Y	Y	Y	Y	M	M	D	D													

### Sole Owner (Complete if applicable. If Partnership/Corporation skip this question and proceed to section 6)

**5**

Business Name
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### Partnership/Corporation Information (Complete if applicable. If Sole Owner proceed to section 8)

**6**

Name of Partnership or Corporation		
Mailing address of Partnership or Corporation		
		Email
Registered address of Partnership or Corporation		
Business Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Cellular Telephone <input type="checkbox"/>		
Name of Manager of the Partnership's/Corporation's Electrical Contracting Department/Division (please print)		
Manager's Address (if different from above)		
Business Telephone		Manager's Signature
<b>Attach list of Partners and/or Directors of Corporation on a separate sheet, if applicable.</b>		

Continued on Reverse

**Certification (Please complete if Partnership / Corporation. (If sole owner skip this section and proceed Section 8)****7**I \_\_\_\_\_ certify that I am properly authorized to make this application on behalf of \_\_\_\_\_  
Name of Manager / Signing Officerthe company or corporation indicated in Section 6 of this form and that \_\_\_\_\_  
has been designated Contractor's Representative for this company. \_\_\_\_\_  
Contractor's Representative

This company will ensure that the requirements and associated adopted electrical codes and standards are fulfilled for all work undertaken and that electrical work will be performed by personnel who have been trained and certified by a recognized authority.

Signature of Manager / Signing Officer

Date

Y	Y	Y	Y	M	M	D	D
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**Affirmation****8****Affirmation (Not required for renewal if there has been no material change from previous application.)**

I/we affirm that the information given in this application is true and complete to the best of my/our knowledge and belief.

I/we declare that I/we have read and understand the obligations under the Public Safety Act and The Electrical Regulations and will comply with the terms and conditions of this Registration Certificate. I/we hereby undertake to notify Digital Government and Service NL in writing of any material change affecting this application. I/we understand that I/we will be subject to periodic inspections/audits for the purpose of ensuring compliance with the Public Safety Act and The Electrical Regulations and the Canadian Electrical Code.

I/we make this declaration knowing that it has the same force and effect as if made under the provisions of *The Canada Evidence Act*.

Declared before me

at \_\_\_\_\_

Signature of Applicant

in the \_\_\_\_\_ of \_\_\_\_\_

this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Commissioner of Oaths / Justice of the Peace /  
Notary Public - with raised seal (if completed outside  
Newfoundland and Labrador)

Signature of Manager / Signing Officer

**Method of Payment****9**Cash  Debit  Cheque  Money Order All cheques/money orders are to be made payable to the Newfoundland Exchequer Account.  
"WHERE THE FEE PAID IS INSUFFICIENT, THE BALANCE SHALL BE PAID UPON REQUEST."**Routing Information****10**

Forward completed form to the nearest regional office of the Government Service Centre listed below:

**MOUNT PEARL**Motor Registration Building  
Telephone: (709) 729-2498  
Facsimile: (709) 729-7400**HARBOUR GRACE**7-9 Roddick Crescent  
Telephone: (709) 945-3106  
Facsimile: (709) 945-3114**CLARENVILLE**8 Myer's Avenue  
Telephone: (709) 466-4060  
Facsimile: (709) 466-4070**GANDER**Fraser Mall  
Telephone: (709) 256-1420  
Facsimile: (709) 256-1438**GRAND FALLS-WINDSOR**3 Cromer Avenue  
Telephone: (709) 292-4206  
Facsimile: (709) 292-4149**CORNER BROOK**Sir Richard Squires Building  
Telephone: (709) 637-2369  
Facsimile: (709) 637-2681**HAPPY VALLEY-GOOSE BAY**2 Tenth Street  
Telephone: (709) 896-5428  
Facsimile: (709) 896-4340**PRIVACY NOTICE**

The Government Service Centre collects personal information relating to electrical contractors under the authority of the Public Safety Act. This information may be shared with Motor Registration Division for the purposes of receiving at Government Service Centres and the Department of Education, Industrial Training Division, for the administration of the Plan of Training under the Apprenticeship Training and Certification Act. Personal information collected by the Government of Newfoundland and Labrador is protected under the Access to Information and Protection of Privacy (ATIPP) Act. If you have any questions about the collection or use of this information, please contact a Government Service Centre representative at your nearest Government Services office.