



RENEWAL APPLICATION

You may lodge your renewal application:

By post addressed to:

Licensing Services

Department of Mines, Industry
 Regulation and Safety
 Locked Bag 100,
 EAST PERTH WA 6892

In person at:

Customer Service

Level 1, Mason Bird Building
 303 Sevenoaks Street
 CANNINGTON
 Hours: 8:30am to 4:30pm Monday to
 Friday

Enquiries

Telephone: (08) 6251 2000
www.energysafety.wa.gov.au

Please print neatly in BLOCK LETTERS with a black or blue pen only	
Licence Type	Electrical Worker (EW) <input type="checkbox"/> Electrical Contractor (EC) <input type="checkbox"/> In-house Installing Work (IH) <input type="checkbox"/> Gasfitting Permit (GF) <input type="checkbox"/>
Licence Holder Details	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other _____ Surname: _____ Given Name/s: _____ Date of Birth: _____ Licence No. Licence No. _____
Residential or Principal place of business* address	<i>*Required for publication on the Register. Cannot be a PO Box.</i> Street: _____ Suburb: _____ State: _____ Postcode: _____
Address for service*	<input type="checkbox"/> As above <i>*Required for the purpose of serving documents. . Cannot be a PO Box.</i> Street: _____ Suburb: _____ State: _____ Postcode: _____
Postal address*	<input type="checkbox"/> As above <i>*Address for correspondence from the Department</i> Street: _____ Suburb: _____ State: _____ Postcode: _____
Contact details	Home Phone: _____ Work Phone: _____ Mobile Phone*: _____ Email*: _____ <i>*Required to receive courtesy renewal reminder notifications via SMS and email and other important information related to your licence</i>

Declaration Licence holder to sign and date	<p>Regulation 59 of the Electricity (Licensing) Regulations 1991 makes it an offence for a person to:</p> <ul style="list-style-type: none"> falsify any matter pertaining to an application; provide any document or other evidence relating to qualifications or experience that is forged, false or fraudulent; provide any document in support of an application that is wrongfully represented as pertaining to the applicant; or give a false testimonial in connection with this application. <p>By signing this declaration, you give consent to the Electrical Licensing Board, duly authorised officers of the Department of Mines, Industry Regulation and Safety or persons acting on behalf of the Board or the Department to make enquiries and to receive and disclose any information for the purpose of determining this application.</p> <p>Declaration</p> <p>I _____</p> <p style="text-align: center;">Full name of applicant</p> <p>1 authorise the Electrical Licensing Board, the Department of Mines, Industry Regulation and Safety or persons acting on behalf of the Board or the Department to make enquiries considered necessary to assess this application. My general consent includes the specific consent to the acquisition of copies of my criminal records. I agree that the Board can use any or all information received pursuant to this authority for the purposes of the assessment or audit of this application.</p> <p>2 sincerely declare that this application is true and correct.</p> <hr/> <p style="display: flex; justify-content: space-between;"> Signature _____ Date _____ </p>
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Credit card details remain confidential	<p>Payment Details (Payment will appear as "WA Gov – DMIRS" on your bank statement)</p> <p>Renewal fee for <input type="checkbox"/> one year OR <input type="checkbox"/> five years.</p> <p><input type="checkbox"/> Cheque enclosed (made payable to Department of Mines, Industry Regulation and Safety)</p> <p><input type="checkbox"/> Credit Card payment <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa</p> <p>Card Number _____ / _____ / _____ / _____ Expiry Date <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/></p> <p>Cardholder's Name: _____ (PLEASE PRINT)</p> <p><i>I authorise the Department to deduct the current prescribed fee, including any applicable late fee. Fees are subject to change on 1 July each year.</i></p> <p>Cardholder's Signature: _____ Date: _____</p> <p>Cardholder's contact phone number: _____</p>
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OFFICE USE ONLY

Licence No:		Department Code	<input type="checkbox"/> EL <input type="checkbox"/> EC <input type="checkbox"/> IH <input type="checkbox"/> GF	Chart Description	<input type="checkbox"/> Renewal Fee
Total Due	\$	Link Licence to payment	Yes		