

RENEWAL APPLICATION Electrical Contractor or In-house Installing Work Licence – Individual

You may lodge your renewal application:

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By post addres	sed to: In person at:	
Licensing Serv Department of M Regulation and S Locked Bag 100 EAST PERTH W Please print near	/ines, Industry Level 1, Mason Bird Building Safety 303 Sevenoaks Street O, CANNINGTON	Enquiries Telephone: (08) 6251 2000 www.dmirs.wa.gov.au
Licence Details	Title: Mr Mrs Ms Other Surname:	
Principal place of business	*Required for publication on the Register. Cannot be a PO Box. Street:Suburb:State:	Postcode:
Postal address*	As above *Address for correspondence from the Department Street: Suburb: State:	Postcode:
Contact details	Work Phone: Mobile Phone*: Email*: *Required to receive courtesy renewal reminder notifications via SMS information related to your licence	and email and other important

Declaration	Regulation 59 of the Electricity (Licensing) Regulations 1991 makes it an offence for a person to:			
Licence	falsify any matter pertaining to an application;			
holder to sign and date	 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.			
	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 Departmet to make enquiries and to receive and disclose any information for the purpose of determining this application.	ent		
	Declaration			
	I			
	Full name of applicant			
	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 or 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.	f		
	2 sincerely declare that this application is true and correct.			
	Signature Date			
Credit card	Payment Details(Payment will appear as "WA Gov – DMIRS" on your bank statement)Visit our Building and Energy Fee Schedule page for current application and registration fees.			
details remain confidential				
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