



Government of **Western Australia**  
 Department of **Mines, Industry Regulation and Safety**  
**Building and Energy**

## Application for an Electrical Contractor's Licence - Partnership

<p><b>All required information is to be submitted for this application to be accepted</b></p>	<p><b>Application checklist - Please check</b>  <b>INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.</b> This application must be accompanied by the following:</p> <p><input type="checkbox"/> Non-refundable application fee.</p> <p><input type="checkbox"/> Registration fee.</p> <p><input type="checkbox"/> Name of partnership and partnership contact details completed.</p> <p><input type="checkbox"/> Partner details completed.</p> <p><input type="checkbox"/> Nominee section:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Nominee details completed</p> <p style="margin-left: 20px;"><input type="checkbox"/> Evidence of successful completion of the Nominee modules of the Electrical Contractor's Training Program issued by an Approved Registered Training Organisation within the last two years.</p> <p><i><b>Not required</b> if applicant is currently or has been a nominee on a WA Electrical Contractor's Licence/In-House Installing Work Licence within the past two years.</i></p> <p><input type="checkbox"/> A Certificate of Currency <b>issued/printed within the last 30 days</b> that provides a civil (public) liability <b>including the Legal Entity Name and if applicable the Trading Name.</b></p> <p><input type="checkbox"/> Duties and obligations imposed on electrical contractors:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Management representative details completed</p> <p style="margin-left: 20px;"><input type="checkbox"/> Evidence of successful completion of the Business modules of the Electrical Contractor's Training Program issued by an Approved Registered Training Organisation within the last two years (or alternative interstate regulator letter).</p> <p><i><b>Not required</b> if applicant is currently or has been a Management Representative on a WA Electrical Contractor's Licence/In-House Installing Work Licence within the past five years.</i></p> <p><input type="checkbox"/> Proof of identification (minimum of 100 points) in accordance with the attached Fact Sheet for the Management Representative.</p> <p><input type="checkbox"/> Proof of identification (minimum of 100 points) in accordance with the attached Fact Sheet for the Nominee.</p> <p><input type="checkbox"/> Declaration completed and signed.</p>
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<p><b>Credit card details remain confidential</b></p>	<p><b>Payment Details</b> (Payment will appear as <b>"WA Gov – DMIRS"</b> on your bank statement)</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 type="text"/> / <input 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	EC	Chart Description	<input type="checkbox"/> Application Fee
Total Due	\$	Link Licence to payment	Yes		<input type="checkbox"/> Registration Fee

**PLEASE NOTE INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

Please ensure you have provided all required information and supporting documentation as per the application checklist. Failure to submit a complete application may result in cancellation of your application and loss of the non-refundable application fee.

**Please print neatly in BLOCK LETTERS with a black or blue pen only**

**Electricity  
(Licensing)  
Regulations  
1991**

Under the Electricity (Licensing) Regulations 1991 (the Regulations) an electrical contractor's licence can only be issued to an individual (sole trader), firm (partnership) or body corporate.

**Please note that there is no provision in the Regulations to issue a licence to a Trust.**

**SECTION 1**

**Partnership Details**

Print Name of the person completing the application: \_\_\_\_\_

Partnership name: \_\_\_\_\_

Business name: (trading as) \_\_\_\_\_

Australian business number (ABN): \_\_\_\_\_

**Principal place  
of business\*  
address**

*\*Required for publication on the register. Cannot be a PO Box.*

Principal Place of Business: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Postal address\***

As above *\*Address for correspondence from the Department.*

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Contact details**

Phone (Office): \_\_\_\_\_

Mobile Phone\*: \_\_\_\_\_

Email\*: \_\_\_\_\_

*\*Required to receive courtesy renewal reminder notifications via SMS and email and other important information related to your licence.*

**Partner details**

For **each partner** that is a **natural person**, complete '**Partner details – Individual (natural person) section**'. If you need more space to record each individual partner, make copies of the template and attach to this application form.

For **each partner** that is a **body corporate**, complete '**Partner details – Body corporate (company)**'. If you need more space to record each body corporate partner, make copies of the template and attach to this application form.

**Partner details –  
Individual**

**Partner 1 details – Individual (natural person)**

Title:  Mr  Mrs  Ms  Other \_\_\_\_\_

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Partner details –  
Individual  
(continued)**

**Residential address**

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Postal address**  As above

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Contact details**

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Partner 2 details – Individual (natural person)**

Title:  Mr  Mrs  Ms  Other \_\_\_\_\_

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Residential address**

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Postal address**  As above

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Contact details**

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Partner 3 details – Individual (natural person)**

Title:  Mr  Mrs  Ms  Other \_\_\_\_\_

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Residential address**

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

<b>Partner details – Individual (continued)</b>	<b>Postal address</b> <input type="checkbox"/> As above
	Street: _____
	Suburb: _____                      State: _____                      Postcode: _____
	<b>Contact details</b>
	Home Phone: _____                      Work Phone: _____
Mobile Phone: _____	
Email: _____	

<b>Partner details – Body corporate</b>	<b>Body corporate (company) partner 1 details</b>
	Name of company: _____
	ABN: _____                      ACN: _____
	Trustee name (if applicable): _____
	Business name (trading as): _____
	<b>Principal place of business address (no PO or GPO Boxes)</b>
	Street: _____
	Suburb: _____                      State: _____                      Postcode: _____
	<b>Address for service (for the purpose of serving documents). Cannot be a PO Box.</b>
	Street: _____
	Suburb: _____                      State: _____                      Postcode: _____
	<b>Postal address</b>
	Street: _____
	Suburb: _____                      State: _____                      Postcode: _____
	<b>Contact details</b>
Office Phone: _____                      Email: _____	

<b>Partner details – Body corporate</b>	<b>Body corporate (company) partner 2 details</b>
	Name of company: _____
	ABN: _____                      ACN: _____
	Trustee name (if applicable): _____
	Business name (trading as): _____
	<b>Principal place of business address (no PO or GPO Boxes)</b>
	Street: _____
	Suburb: _____                      State: _____                      Postcode: _____

**Address for service (for the purpose of serving documents). Cannot be a PO Box.**

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Postal address**

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Contact details**

Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Body corporate (company) partner 3 details**

Name of company: \_\_\_\_\_

ABN: \_\_\_\_\_ ACN: \_\_\_\_\_

Trustee name (if applicable): \_\_\_\_\_

Business name (trading as): \_\_\_\_\_

**Principal place of business address (no PO or GPO Boxes)**

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Address for service (for the purpose of serving documents). Cannot be a PO Box.**

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Postal address**

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Contact details**

Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION 2**

**Nominee details**

**Nominee – Holder of an electrician’s licence**

Regulation 36(2)(a) of the Electricity (Licensing) Regulations 1991 requires that at least one member of the partnership applying for an electrical contractor licence, or at least one person in the **employ** of the partnership is nominated as Nominee. The Nominee must:

- Hold a current Electrical Workers Licence endorsed as an Electrician’s Licence; and
- Complete the following modules of the electrical contractor training program:
  - Operation (Electrical) Legislative Requirements; and
  - Electrical Requirements.

**Nominee 1**

Title:     Mr         Mrs         Ms         Other

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Current WA Electrician’s Licence No: \_\_\_\_\_

Signature of Nominee: \_\_\_\_\_

**Nominee 2 (if applicable)**

Title:     Mr         Mrs         Ms         Other

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Current WA Electrician’s Licence No: \_\_\_\_\_

Signature of Nominee: \_\_\_\_\_

**If you wish to nominate more than two nominees, please make copies of the above template and attach to the application.**

Regulation 36(1)(a)(iii) further requires that the Nominee has completed the following modules of the electrical contractor training program:

- Operation (Electrical) Legislative Requirements; and
- Electrical Requirements.

Please attach evidence of successful completion of the (above listed) Nominee modules of the Electrical Contractor’s Training Program, issued by an Approved Registered Training Organisation within the last two years.

*For a list of approved Registered Training Organisations, please refer to the Electrical Contractor’s Licence Fact Sheet available at [www.commerce.wa.gov.au/publications/electrical-contractors-licence-application](http://www.commerce.wa.gov.au/publications/electrical-contractors-licence-application)*

**OR**

If you are currently, or have been within the past two years, a nominee on an Electrical Contractor’s (EC) or In-House Installing Work (IH) Licence in Western Australia, please complete the following details:

**If you require more space to document current/previous Nominee appointment, please make a copy of the below template and attach to this application.**

**Nominee 1:**

EC No: \_\_\_\_\_ and/or IH No: \_\_\_\_\_

Name in which licence was issued: \_\_\_\_\_

Date licence or Nominee status expired: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Nominee 2:**

EC No: \_\_\_\_\_ and/or IH No: \_\_\_\_\_

Name in which licence was issued: \_\_\_\_\_

Date licence or Nominee status expired: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Nominee training**

<p><b>SECTION 3 Insurance (applicant)</b></p>	<p><b>Insurance</b> The applicant must hold with a reputable insurer a current policy of insurance against civil liability, in respect of the work of an electrical contractor that complies with the requirements specified by the Board.</p> <p>Applicants must therefore provide:</p> <p><input type="checkbox"/> A Certificate of Currency <b>issued/printed within the last 30 days</b> that provides a civil (public) liability <b>including the Legal Entity Name and if applicable the Trading Name.</b></p> <p><i>(e.g. for a sole trader "Joe Citizen trading as Citizens Electrical Service" or for a corporate body "ABC Contracting Pty Ltd trading as ABC Electrical".)</i></p>
<p><b>SECTION 4 To be completed by the person applying in capacity of the Management Representative</b></p>	<p><b>Management Representative</b></p> <p>Regulation 36(2)(b) of the Electricity (Licensing) Regulations 1991 requires that at least one natural person concerned in the management or conduct of the partnership (i.e. an individual partner, or a director of a body corporate partner) fully understands the duties and obligations imposed by the Regulations, the <i>Electricity Act 1945</i> and the <i>Energy Coordination Act 1994</i> and has successfully completed the following modules of the electrical contractor training program:</p> <ul style="list-style-type: none"> <li>• General Legislative Requirements; and</li> <li>• Establishing a Contracting Business</li> </ul> <p>Please indicate the name of the <b>Management Representative</b> who complies with the above requirements:</p> <p>Title:    <input type="checkbox"/> Mr    <input type="checkbox"/> Mrs    <input type="checkbox"/> Ms    <input type="checkbox"/> Other</p> <p>Surname: _____</p> <p>Given Names: _____</p> <p>Date of Birth: ____ / ____ / ____</p> <p>Please attach, in the name of the above listed Management Representative:</p> <p><input type="checkbox"/> Evidence of successful completion of the Business modules of the Electrical Contractor's Training Program issued by an Approved Registered Training Organisation within the last five years.</p> <p><i>For a list of approved Registered Training Organisations, please refer to the Electrical Contractor's Licence Fact Sheet available at <a href="http://www.commerce.wa.gov.au/publications/electrical-contractors-licence-application">www.commerce.wa.gov.au/publications/electrical-contractors-licence-application</a></i></p> <p style="text-align: center;"><b>OR</b></p>
<p><b>Recognition of current, or previous, eligibility as Management Representative</b></p>	<p>If you are currently, or have been within the past five years, a management representative ('MR') on an Electrical Contractor's Licence in Western Australia, please complete the following details:</p> <p>EC No: _____                      Date licence or 'MR' status expired: ____ / ____ / ____</p> <p>Name in which licence was issued: _____</p> <p style="text-align: center;"><b>OR</b></p>
<p><b>Interstate licensee - seeking exemption from Management Representative Business modules</b></p>	<p><b>Interstate/NZ electrical contractor licence holders</b> nominated as <b>management representative</b> seeking exemption from undertaking the two Business Modules of the Electrical Contractors Program must supply a clear copy of a current Electrical Contractor's Licence registration from Australia or New Zealand in their own name.</p> <p>Name of Interstate Licensing Authority: _____</p> <p>Licence No: _____                      Expiry Date: _____</p>

<p><b>SECTION 5</b></p> <p><b>Proof of Identification</b></p>	<p><b>Proof of Identification</b></p> <p><input type="checkbox"/> Proof of identification (minimum of 100 points) in accordance with the attached Fact Sheet for the Management Representative</p> <p><input type="checkbox"/> Proof of identification (minimum of 100 points) in accordance with the attached Fact Sheet for the Nominee</p> <p>Where you are carrying out more than one of the above positions only <b>one</b> copy of proof of identification is required.</p>		
<p><b>SECTION 6</b></p> <p><b>Sign and date before submitting application</b></p>	<p><b>Declaration</b></p> <p>Regulation 59 of the Electricity (Licensing) Regulations 1991 makes it an offence for a person to:</p> <ul style="list-style-type: none"> <li>• falsify any matter pertaining to an application;</li> <li>• provide any document or other evidence relating to qualifications or experience that is forged, false or fraudulent;</li> <li>• provide any document in support of an application that is wrongfully represented as pertaining to the applicant; or</li> <li>• give a false testimonial in connection with this application.</li> </ul> <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><b>Declaration</b></p> <p>1 I/we 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; and</p> <p>2 sincerely declare that this application is true and correct.</p> <p>Executed for and on behalf of:</p> <p>In accordance with Section 127 of the <i>Corporations Act 2001</i></p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Name of partnership</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <p>_____ Signature of applicant partner/director of partner (if applicable) For and on behalf of the partnership (Delete if not applicable)</p> <p>_____ Name (print)</p> <p>_____ Date</p> </td> <td style="width: 50%; border: none; vertical-align: top;"> <p>_____ Signature of partner/director of partner (if applicable) or Signature of company secretary (being sole director/secretary of the company, if applicable) For and on behalf of the partnership (Delete if not applicable)</p> <p>_____ Name (print)</p> <p>_____ Date</p> </td> </tr> </table>	<p>_____ Signature of applicant partner/director of partner (if applicable) For and on behalf of the partnership (Delete if not applicable)</p> <p>_____ Name (print)</p> <p>_____ Date</p>	<p>_____ Signature of partner/director of partner (if applicable) or Signature of company secretary (being sole director/secretary of the company, if applicable) For and on behalf of the partnership (Delete if not applicable)</p> <p>_____ Name (print)</p> <p>_____ Date</p>
<p>_____ Signature of applicant partner/director of partner (if applicable) For and on behalf of the partnership (Delete if not applicable)</p> <p>_____ Name (print)</p> <p>_____ Date</p>	<p>_____ Signature of partner/director of partner (if applicable) or Signature of company secretary (being sole director/secretary of the company, if applicable) For and on behalf of the partnership (Delete if not applicable)</p> <p>_____ Name (print)</p> <p>_____ Date</p>		

**You may lodge your completed 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 Only**

Telephone: (08) 6251 2000

Email (**Do Not Email Form**)  
[energylicensing@dmirs.wa.gov.au](mailto:energylicensing@dmirs.wa.gov.au)

Internet: [www.energysafety.wa.gov.au](http://www.energysafety.wa.gov.au)





# Proof of identity of applicants for an electrical or gas worker's licence

## Fact Sheet

Licensing Services maintains a database of licensed electrical and gas operatives and ensures that the information is accurate and confidential, protecting operatives against the possible fraudulent use of their name.

Applicants for an electrical or gas worker's licence in Western Australia must prove their identity. This fact sheet explains the requirements for an applicant to prove his or her identity.

Before an electrical or gas worker's licence will be issued, applicants must prove their identity by presenting as many documents from the following lists so as to score a minimum of 100 points. The documentation provided may be a photocopy of the original document.

**Credit Cards, Debit Cards or Bank Statements cannot be accepted for proof of identification.**

**AT LEAST ONE DOCUMENT PROVIDED MUST SHOW THE SIGNATURE OF THE APPLICANT.**

**Name of the signatory verified from one of the following:**

**70 POINTS**

- Birth Certificate / Birth Card issued by the Registry of Births, Deaths and Marriages
- Australian Citizenship Certificate
- International Travel Document / Current Passport
- Expired passport which has not been cancelled and was current within the preceding 2 years
- Other document of identity having the same characteristics as a passport (e.g. this may include some diplomatic documents and some documents issued to refugees)

Note: Additional points cannot be scored for more than one document.

**Name of signatory verified from one of the following (but only where they contain a photograph or signature that can be matched to the signatory)**

**40 POINTS**

- A licence or permit issued under a law of the Commonwealth, a State or Territory
- An identification card issued to a public employee (with photo or signature)
- An identification card issued by the Commonwealth, a State or Territory as evidence of the person's entitlement to a financial benefit (with photo or signature)
- An identification card issued to a student at a secondary or tertiary education institution (with photo or signature)
- Australian drivers licence

**Name and Address of signatory verified from any of the following:**

**35 POINTS**

- Document verifying employment (A current employer, or a previous employer within the last 2 years)
- Document from a rating authority (e.g. land rates)

**Name of signatory verified from any of the following:**

**25 POINTS**

- Marriage Certificate (for maiden name only)
- Council Rates Notice
- Telephone Account
- Medicare Card
- Records of Public Utility
- Transperth Smartrider cards (for students only)

**Name and Date of Birth verified from any of the following:**

**25 POINTS**

- Records of primary, secondary or tertiary educational institution attended by the signatory within the last 10 years
- Records of a professional or trade association of which the signatory is a member
- Proof of Age Card
- Foreign Driver's Licence