

Annexure 3
DEPARTMENT OF LABOUR
OCCUPATIONAL HEALTH AND SAFETY ACT, 1993 (ACT NO. 85 OF 1993)
APPLICATION FOR REGISTRATION AS ELECTRICAL CONTRACTOR

Department of Labour	R120,00
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Sir/Madam

I hereby apply to be registered as an electrical contractor in terms of regulation 6(2) of the Electrical Installation Regulations, 2009. I declare that the particulars given hereunder are, to the best of my knowledge and belief, correct.

1. PARTICULARS OF APPLICANT:

SURNAME OF APPLICANT:.....

NAME OF APPLICANT:.....

ID NO. OF APPLICANT:.....

REGISTERED NAME

TRADING NAME:.....

State whether your business is: **SOLE PROPRIETOR/PARTNERSHIP/COMPANY/CLOSE CORPORATION**
(delete which is not applicable).

WRITE DOWN YOUR BUSINESS REGISTRATION No.:.....

IN WHICH PROVINCE IS YOUR BUSINESS SITUATED?.....

PHYSICAL ADDRESS:.....

.....POSTAL CODE:.....

POSTAL ADDRESS:.....

.....POSTAL CODE:.....

TEL No.:.....CELL No.:.....

FAX No.:.....Email:.....

2. STATE TYPE OF REGISTRATION YOU HAVE:

(a) ELECTRICAL TESTER FOR SINGLE PHASE **YES/NO**
ETSP No.:.....

(b) INSTALLATION ELECTRICIAN **YES/NO**
IE No.:.....

(c) MASTER INSTALLATION ELECTRICIAN **YES/NO**
MIE No.:.....

3. WHERE REGISTERED PERSON(S) IS/ARE EMPLOYED ON A FULL-TIME BASIS, COMPLETE THE FOLLOWING: (Section 3 can be filled in as many times as the number of registered person/s employed by the business). Notify the chief inspector in case of any changes.

SURNAME OF REGISTERED PERSON:.....

NAME/S OF REGISTERED PERSON:.....

ID NUMBER OF REGISTERED PERSON:.....

TYPE OF REGISTRATION: TSP/IE/MIE (delete which is not applicable)

REGISTRATION NUMBER:.....DATE ISSUED:.....

4. IN SUPPORT OF YOUR APPLICATION, PLEASE SUBMIT THE FOLLOWING:

- (a) Certified copy of your ID and, where applicable, certified copies of ID's of registered person(s);
- (b) Certified copy of business registration No.;
- (c) Certified copy of the relevant registration certificate(s) (both sides)

Signature of the applicant:.....Date:.....

FOR OFFICE USE ONLY

Application: **APPROVED/NOT APPROVED**

Reason/s for refusal:.....

Signature:..... Designation:.....

Registration No.:..... Renewal date:

Date:.....