



**APPLICATION FOR OCCUPIER'S ELECTRICAL
INSTALLATION WORKER'S LICENCE**

<u>Office Only</u>
LICENCE NO
O:

Fold

**RETURN ADDRESS: LICENSING SECTION
ENERGY SAFE VICTORIA
PO BOX 262 COLLINS STREET WEST,
VICTORIA 8007**

Please complete this form in **BLOCK LETTERS**.

Surname of Applicant:									
Given Name(s):									
Residential Address:						Postcode:			
Postal Address: (if same as above, write 'AS ABOVE')						Postcode:			
Telephone No:		Home:	()	Bus:	()				
		Fax:	()	Mobile:					
		E-mail:							

Age:		Date of Birth:	/ /	For identification purposes only					
------	--	----------------	-----	----------------------------------	--	--	--	--	--

Please attach documented evidence to demonstrate that you are the occupier of the above residential premises e.g. rate notice.

Office Use Only

Restrictions if any:					
Date fee paid		Fee paid	\$	Receipt:	
Date recommended:	/ /20	Recommended by:			
Date approved:	/ /20	Approved by:			

Please tick (✓) appropriate box

Do you hold or have previously held a Victorian Electrical Worker’s Licence issued by Energy Safe Victoria (ESV), under the Electricity Safety (Installations) Regulations 1999?

YES if YES, complete section below

NO if NO, go to question 2

Licence Class:	<input type="text"/>	Licence No:	<input type="text"/>
Date of Issue:	<input type="text"/>	Date of Expiry:	<input type="text"/>

1. Have you satisfactorily completed a course of study in Electrical Engineering at Tertiary level?

YES if YES, complete section below

NO if NO, go to question 3

Please attach evidence of completion

Name of Course:	<input type="text"/>	Year of completion of course:	<input type="text"/>
Name of Institution where Course was completed:	<input type="text"/>	Hours of experience in carrying out electrical installation work included in the Course:	<input type="text"/>

Please state your electrical wiring work experience (including the nature of the work, where, when and for how long)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

3. Have you satisfactorily completed the Victorian Licensed Electrical Mechanics (LEM) assessment?

YES if YES, please attach evidence

NO if NO, go to question 4

Please attach evidence of completion

4. Have you ever been refused an Electrical Worker’s Licence in Victoria or elsewhere, been disqualified from holding such a licence, or has any such licence held by you been cancelled or suspended for any period of time?

YES if YES, complete section below

NO if NO, go to question 5

(a) Type of Licence and Issuing Authority :

Type of Licence:		Class:	
Issuing Authority:		Lic. No.	

(b) Date of refusal, or suspension and (if applicable) the period of disqualification or suspension:

(c) Reason for refusal, cancellation or suspension:

5. Have you ever been subject to disciplinary action taken by ESV or other Regulatory Authority relating to causes under section 34 or section 41 of the Electricity Safety Act 1998 or equivalent causes?

YES if YES, complete section below

NO if NO, go to question 6

6. Have you ever been convicted for failing to comply with any part of the Electricity Safety Act 1998 or the Electricity Safety (Installations) Regulations 1999?

YES if YES, complete section below

NO if NO, go to question 7

7. Have you ever been convicted of any offence involving fraud, dishonesty, drug trafficking or violence that was punishable by imprisonment for 6 months or more?

YES if YES, complete section below

NO if NO, go to question 8

8. Have you ever had judgement against you in any proceedings relating to fraudulent conduct, negligence or incompetence in connection with carrying out installation work?

YES if YES, complete section below

NO if NO, go to question 9

9. Do you have any physical disabilities that you believe would affect your ability to work safely as an electrical installation worker?

YES if YES, complete section below

NO if NO, go to question 10

DECLARATION BY APPLICANT

10. I declare that the information contained in this application or attached by me to the application is true and complete to the best of my knowledge and that I have read the OCEI Privacy Statement.

Signature of Applicant:	
-------------------------	--

Date:		/		/	
-------	--	---	--	---	--

While every effort is made by this Office to forward renewals prior to their expiry date, it is your responsibility to make sure your Licence does not expire.

NOTE:

* The Occupier's licence ("O") entitles the holder to carry out electrical installation work of the class prescribed in regulation 301(a) that is limited to premises which the person to be licensed occupies for residential purposes.

NOTE: Please allow a period of up to 7 working days, in order to process the application. This applies if all information forwarded is correct, if not, further delays in processing may occur.

INFORMATION TO BE PROVIDED WITH YOUR APPLICATION

Please mark the boxes to indicate that you have included all the required attachments.

Please ✓ box

<u>CHECK LIST</u>	<u>YES</u>	<u>NO</u>	
Completed all details for the Occupier's Electrical Workers Licence.	<input type="checkbox"/>	<input type="checkbox"/>	
Attached evidence to demonstrate that you are the occupier of the above premises, e.g. rates notice. (Refer to front page)	<input type="checkbox"/>	<input type="checkbox"/>	
Attached satisfactory completion of a course of study in Electrical Engineering at a Tertiary level. (Refer to question 2)	<input type="checkbox"/>	<input type="checkbox"/>	
Attached evidence of having completed 80 hours experience in carrying out electrical installation work in a course of study in Electrical Engineering at Tertiary level. (Refer to question 2)	<input type="checkbox"/>	<input type="checkbox"/>	
Attached evidence of completion of the Licensed Electrical Mechanics (LEM) Assessment. (Refer to question 3)	<input type="checkbox"/>	<input type="checkbox"/>	
Is application signed and dated? (Refer to question 10)	<input type="checkbox"/>	<input type="checkbox"/>	

ESV PRIVACY STATEMENT

The *Information Privacy Act 2000* requires Energy Safe Victoria (ESV) to tell you why we collect your personal information.

ESV collects information necessary to enable us to fulfil our functions under the *Electricity Safety Act 1998*, including the monitoring of compliance with the *Electricity Safety Act 1998* and the regulations made under that Act. We ask you to provide your name, address and date of birth for identification purposes. Your address is also required so that we know where to send your licence renewal form at the appropriate time.

ESV may need to disclose your personal information to third parties outside the organisation, such as contracted service providers, mail houses/printers and other government organisations.

You are entitled to ask for access to the personal information that ESV holds about you.

If you have any queries, please contact the ESV Privacy Officer on (03) 9203 9700.

LICENSING OF ELECTRICAL WORKERS SCHEDULE OF FEES
Application fee for issue of licence for an electrical installation worker

\$200.00

Licensing fees, Registration fees and Certificates of Electrical Safety are GST Exempt.

METHODS OF PAYMENT

MAIL ☒	IN PERSON ☺
<ul style="list-style-type: none"> • Make cheque or money order payable to the <i>Energy Safe Victoria</i> • Pay with Credit Card (Bankcard, Mastercard or Visa) complete details below • Send application together with relevant attachments along with either a cheque, money order or credit card details to: Licensing Section Energy Safe Victoria PO Box 262, Collins Street West VICTORIA 8007 	<ul style="list-style-type: none"> • Make cheque or money order payable to the <i>Energy Safe Victoria</i> • Pay with Credit Card (Bankcard, Mastercard or Visa) • Present application together with relevant attachments to: Licensing Section Energy Safe Victoria Level 3, Building 2 4 Riverside Quay SOUTHBANK

All Licensing Inquiries
 Freecall 1800 815 721
 Facsimile (03) 9686 2197
 ESV website
www.esv.vic.gov.au

A receipt will not be issued unless requested.

Bankcard	Mastercard	Visa	Expiry Date
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="/"/>
Credit Card Number			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Amount Paid		
<input type="text"/>	<input type="text" value="\$"/>		
Cardholder's Name (Block Letters)			
<input type="text"/>			



Energy Safe Victoria
ABN 27 462 247 657