

CONSENT DECLARATION

ELECTRICITY SAFETY ACT 1998

ELECTRICITY SAFETY (INSTALLATIONS) REGULATIONS 1999 - S.R. No 49/1999

(To be completed by nominated supervisor business)

Registrar of Electrical Contractors,
Energy Safe Victoria.

Full Name:	
Residential Address:	
Work Telephone No:	

I have completed a course of training or hold qualifications which enable me to be employed or appointed as the nominated supervisor business in accordance with regulation 203 of The Electricity Safety (Installations) Regulations 1999, with the following Registered Electrical Contractor -

Name of Registered Electrical Contractor: **(Company Name or Partnership if applicable)**

Registered Electrical Contractor Number (if known):	
Address of Registered Electrical Contractor:	
Telephone Number:	()

I consent to be registered as the nominated supervisor business for the above electrical contractor.

Signed:	
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Date:	
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Qualifications of Nominated Supervisor Business

Contractor Business Course:	Attach copy of Contractor Business Course certificate
Or Accountant Membership Body:	
& Accountant Membership Number:	

*Return this form with the application for Registration as an Electrical Contractor
Postal Address - Licensing, ESV, PO Box 262 Collins Street West, VICTORIA 8007. or
Fax - 03 - 9686 2197. For inquiries Telephone 1800 815 721.*