



ENERGY SAFE VICTORIA  
ELECTRICITY SAFETY (INSTALLATIONS) REGULATIONS 1999

|                    |
|--------------------|
| <i>Office Only</i> |
| REC No:            |
| .....              |

APPLICATION FOR REGISTRATION  
AS AN  
ELECTRICAL CONTRACTOR

|  |
|--|
|  |
|--|

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

Fold >

Please complete this form in **BLOCK LETTERS**

|   |  |
|---|--|
| Name of Person Applying for Registration:<br><small>(To be completed by Contractor or Company Representative)</small> |  |
|---|--|

|                      |  |           |  |              |  |
|----------------------|--|-----------|--|--------------|--|
| Date of Birth:       |  | Age:      |  | Home Tel No: |  |
| Residential Address: |  |           |  |              |  |
|                      |  |           |  |              |  |
|                      |  | Postcode: |  |              |  |

|  |  |
|--|--|
| Company Name (if applicable):  |  |
| Trading Name: <small>(if Registered in Victoria see question 14)</small> |  |
| Australian Business Number: <small>if known</small>                      |  |

|                   |           |           |          |     |
|-------------------|-----------|-----------|----------|-----|
| Business Address: |           |           |          |     |
|                   |           |           |          |     |
|                   |           | Postcode: |          |     |
| Postal Address:   |           |           |          |     |
|                   |           |           |          |     |
| Telephone No:     | Business: | ( )       | Bus Fax: | ( ) |
|                   | Mobile:   |           |          |     |
|                   | Email:    |           |          |     |

**Office Use Only**

|  |  |          |
|--|--|----------|
| Qualification Technical <input type="checkbox"/>   | Consent Form Technical <input type="checkbox"/>  |          |
| Qualification Business <input type="checkbox"/>  | Consent Form Business <input type="checkbox"/>   |          |
| Insurance: Sole <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> | Corporation Certificate <input type="checkbox"/> |          |
| Registration Name <input type="checkbox"/>   | Directors details <input type="checkbox"/>       |          |
| Mutual Recognition <input type="checkbox"/>  | Authority to apply <input type="checkbox"/>      |          |
| Date fee paid / /20  | Fee paid: \$                                     | Receipt: |
| Date recommended: / /20  | Recommended by:                                  |          |
| Date approved: / /20   | Approved by:                                     |          |

**Please tick (✓) the appropriate box, when answering all questions**

**1. Are you applying as a –**

**Sole Proprietor**      
Go to question 4

**Member of a Partnership**      
Go to question 2

**Corporation**      
Go to question 3

**2. If applying as a Member of a partnership, please complete the name and address of each additional member of the partnership.**

|                      |  |
|----------------------|--|
| Name in Full:        |  |
| Residential Address: |  |
|                      |  |

*The ESV must be notified in writing within 5 days of any changes to partnership details and/or any changes to address*

(If insufficient space please attach details)

**3. If applying as a Corporation, please complete the name and address of all Directors of the Corporation and Australian Securities Number.**

|                      |  |
|----------------------|--|
| Name in Full:        |  |
| Residential Address: |  |
|                      |  |

*Please attach copy of a Certificate of Registration of the Company under the Corporations law and evidence which shows details of the Directors, Secretary or Principal Executive Officer of the Company/Corporation*

|                           |  |
|---------------------------|--|
| Name in Full:             |  |
| Residential Address:      |  |
|                           |  |
| Australian Securities No: |  |

(If insufficient space attach details)

**IF THE PERSON APPLYING ON BEHALF OF THE CORPORATION IS NOT A DIRECTOR, SECRETARY OR PRINCIPAL EXECUTIVE OFFICER, EVIDENCE OF AUTHORISATION, TO APPLY ON BEHALF OF THE CORPORATION IS REQUIRED.**

**4. Do you as the applicant hold or have previously held Registration as a Registered Electrical Contractor in Victoria?**

**YES**     if YES, complete section below                      **NO**     if NO, go to question 5

|                  |  |                 |  |
|------------------|--|-----------------|--|
| Registration No: |  | Date of Expiry: |  |
|------------------|--|-----------------|--|

**5. Do you as the applicant hold or have previously held Registration or Licence as an Electrical Contractor in another State or Territory of Australia or New Zealand?**

**YES**     if YES, complete section below                      **NO**     if NO, go to question 6

|                    |  |                  |  |
|--------------------|--|------------------|--|
| Issuing Authority: |  | Registration No: |  |
| Date of Issue:     |  | Date of Expiry:  |  |

*Please attach evidence e.g. A copy of the Registration/Licence card front and back.*

**TECHNICAL SUPERVISOR DETAILS**

**6.** Do you as the applicant hold a current Victorian Electrical Worker’s Licence issued under Energy Safe Victoria (ESV), Electricity Safety (Installations) Regulations 1999?

**YES**  if YES, complete section below      **NO**  if NO, go to question 7

|                    |  |             |  |
|--------------------|--|-------------|--|
| Licence Type Held: |  | Licence No: |  |
|--------------------|--|-------------|--|

**7.** Do you as the applicant wish to be the Technical Supervisor (nominee)?

**YES**  if YES, complete question 8      **NO**  if NO, go to question 9

**8.** Have you as the applicant, satisfactorily completed the Victorian Licensed Electrical Mechanics (LEM) Assessment (after May 1994) under the Electricity Safety (Installations) Regulations 1999?

**YES**  if YES, attach evidence of completion      **NO**  if NO, complete section below

Please give details of having completed an equivalent examination/course for which you could be considered eligible?

|  |   |
|--|---|
|  | <i>Please attach evidence of equivalent examination or course</i> |
|  |   |
|  |   |

**9.** Do you as the applicant wish to nominate Technical Supervisor(s) who holds an Electrician’s Licence?

**YES**  if YES, complete section below      **NO**  if NO, go to question 10

|                     |             |  |
|---------------------|-------------|--|
| Name of Supervisor: |             | <i>Please attach evidence of completion of the LEM Assessment or equivalent examination or course for each Technical Supervisor.</i> |
| Licence Type:       | Licence No: |  |
|                     |             |  |
| Name of Supervisor: |             | <i>Please attach Technical Supervisor nominee consent form.</i>  |
| Licence Type:       | Licence No: |  |

(if more than 2 supervisors please attach details)

**EACH TECHNICAL SUPERVISOR MUST HOLD A CURRENT VICTORIAN ELECTRICIAN’S LICENCE ISSUED BY ESV UNDER THE ELECTRICITY SAFETY (INSTALLATIONS) REGULATIONS 1999.**

**A TECHNICAL SUPERVISOR NOMINEE CONSENT DECLARATION FORM SETTING OUT THE SUPERVISOR’S NAME, ADDRESS ETC. AND CONSENT TO BE SUCH A SUPERVISOR MUST ACCOMPANY THIS APPLICATION IF THE APPLICANT IS APPLYING FOR REGISTRATION AS A CORPORATION.**

**BUSINESS SUPERVISOR DETAILS**

**10.** Do you as the applicant wish to be the Business Supervisor (nominee)?

**YES**     if YES, complete question 11

**NO**     if NO, go to question 12

**11.** Have you as the applicant, satisfactorily completed the Registered Electrical Contractors course “Establishing A Contracting Business” under the Electricity Safety (Installations) Regulations 1999?

**YES**     if YES, attach evidence of completion

**NO**     if NO, complete section below

Please give details of having completed an equivalent examination/course for which you could be considered eligible?

|  |   |
|--|---|
|  | <i>Please attach evidence of equivalent examination or course</i> |
|  |   |
|  |   |

**12.** Do you as the applicant wish to nominate a Business Supervisor who has satisfactorily completed the Registered Electrical Contractors course “Establishing A Contracting Business” or has completed an equivalent examination/course for which they could be considered eligible under Electricity Safety (Installations) Regulations 1999?

**YES**     if YES, complete section below

**NO**     if, NO go to question 13

|                        |                      |   |
|------------------------|----------------------|---|
| Name of Supervisor:    |                      | <i>Please attach evidence of Establishing a Contracting Business or other equivalent examination/course</i> |
| Licence Type (if any): | Licence No (if any): |   |

**A BUSINESS SUPERVISOR NOMINEE CONSENT DECLARATION FORM SETTING OUT THE SUPERVISOR’S NAME, ADDRESS ETC. AND CONSENT TO BE SUCH A SUPERVISOR MUST ACCOMPANY THIS APPLICATION IF THE APPLICANT IS APPLYING FOR REGISTRATION AS A CORPORATION**

**DETAILS OF INSURANCE POLICY**

**13.** Please provide details of the proposed Registered Electrical Contractor’s policy of insurance with a minimum cover of \$5,000,000 against public liability for personal injury or damage to property in connection with the applicant’s electrical contracting work.

|                           |  |                  |  |   |
|---------------------------|--|------------------|--|---|
| Insurance Company/Broker: |  |                  |  | <i>Please attach evidence of the Certificate of Currency of Insurance</i> |
| Insured Party(s)*:        |  |                  |  |   |
| Policy No:                |  | Amount of Cover: |  |   |
| Expiry Date:              |  |                  |  |   |

**Insured Party(s)\*:**

*Sole Proprietor - name of insured person must be stated (not business name on its own)*

*Partnership - names of ALL the partners must be stated.(not business name on its own)*

*Corporation - the name of the corporation must be stated (NOT the personal names of directors etc)*

**SOLE PROPRIETOR, PARTNERSHIP or CORPORATION  
REGISTERED BUSINESS NAME**

**14.** Will your Electrical Contracting Business be operating under a Business Name registered under the Victorian Business Names Act 1962?

**YES**  if YES, complete section below      **NO**  if No, go to question 15

|                   |  |
|-------------------|--|
| Business Name:    |  |
| Business Address: |  |
|                   |  |

*Please attach a copy of the Certificate from the Commissioner of Corporate Affairs of the Registration of the Business Name*

**PERSONAL PARTICULARS**

**15.** In relation to a Licence as an Electrical Worker (Licence) or Registration or Licence as an Electrical Contractor (Registration) has the applicant or any Director, Secretary or Executive Officer of the Corporation that is an applicant or any of the nominated Technical Supervisors ever in Victoria or elsewhere –

**(a)** had any conditions imposed on the Licence or Registration?

**YES**  if YES, complete section below      **NO**  if NO, go to question 15 (b)

**(b)** been refused a Licence or Registration?

**YES**  if YES, complete section below      **NO**  if NO, go to question 15 (c)

**(c)** had any Licence or Registration cancelled or suspended?

**YES**  if YES, complete section below      **NO**  if NO, go to question 16

|  |  |
|--|--|
| Name:  |  |
| Type of Licence or Registration:                             |  |
| Issuing Authority:   |  |
| Details and reasons for refusal, cancellation or suspension: |  |
|  |  |
|  |  |
|  |  |
| Date:  |  |
| Period of suspension:  |  |

**16.** Have you as the applicant for Registration -

**(a)** 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, please attach details                      **NO**  if NO, go to question 16 (b)

**(b)** ever been convicted for failing to comply with any part of the Electricity Safety Act 1998 or Electricity Safety (Installations) Regulations 1999?

**YES**  if YES, please attach details                      **NO**  if NO, go to question 16 (c)

**(c)** 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, please attach details                      **NO**  if NO, go to question 16 (d)

**(d)** ever been convicted of a breach of any part of the Electricity Safety Act 1999 or the Electricity Safety (Installations) Regulations 1999?

**YES**  if YES, please attach details                      **NO**  if NO, go to question 17

**DECLARATION BY APPLICANT**

**17.** I declare that the information contained in this application and contained in the attachments to this application is true and correct to the best of my knowledge and that I have read both the ESV Privacy Statement and the REC relevant legal obligations.

|  |  |                 |  |
|--|--|-----------------|--|
| <b>Signed</b>  |  | <b>Date</b>     |  |
| Full Name of Signatory:<br>(Contractor, or company Representative) |  | (Block Letters) |  |

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

A REMINDER OF AN REC'S LEGAL OBLIGATIONS

1. A person must not carry on or offer to carry on or hold out that the person carries on or is willing to carry on any class of electrical contracting that, under the regulations, is a prescribed class of electrical contracting unless the person is registered under the Electricity Safety Act 1998 as an electrical contractor in respect of electrical contracting of that class and holds the prescribed insurance. The prescribed insurance is insurance against civil liability for personal injury or damage to property in conjunction with the electrical contracting work of the registered electrical contractor with a minimum cover of \$5,000,000.
2. Registered Electrical Contractor must not publish or cause to be published any advertisements, notice or statement that the contractor carries on or is willing to carry on electrical contracting work unless the advertisement, notice or statement includes the registered number of the contractor.
3. A Registered Electrical Contractor must keep a register of licensed electrical installation workers who are employed by the contractor. This register must be available for inspection at all reasonable times by ESV. A Registered Electrical Contractor must not employ a person in the carrying out of electrical installation work unless the person is (a) licensed electrical installation worker of a particular class related to the contractor's business or (b) an apprentice within the meaning of the Vocational Education and Training Act 1990 in a trade that involves carrying out electrical installation work of a class relating to the contractor's business.
4. An application for renewal of registration must be accompanied by details of any changes in the information provided in the application for the registration or for the most recent renewal of registration or in any other circumstances relating to the application.
5. Registered Electrical Contractors must notify ESV in writing within 5 business days after:
  - Any change in the circumstances of a person nominated as a technical supervisor that would affect the person's ability to effectively supervise electrical installation work carried out by the electrical contractor;
  - Any change in the circumstances of a person nominated as a business supervisor that would affect the person's ability to be responsible for the management and administration of the business of the electrical contractor;
  - Any other circumstances relating to the name or status as a legal person of the registered electrical contractor.

**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             |                          |  |
|--|--------------------------|--------------------------|--|
|  | YES                      | NO                       |  |
| Completed all details for Registration as a Sole Proprietor, Partnership or Corporation. (Refer to questions 1,2,& 3)  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Attached a copy of the Certificate of Registration of the Company/Corporation & evidence, which shows details of the Directors, Secretary or Principal Executive Officer. (Refer to question 3)                          | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Attached a letter of authorisation if the Applicant who is applying on behalf of a Corporation, is not an office bearer of the Corporation. . (Refer to question 3)  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Attached a copy of the Registration/Licence details from Interstate if applying under Australian Mutual Recognition Act or if applying from New Zealand under Trans Tasman Mutual Recognition Act. (Refer to question 5) | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Attached a copy of the completion of LEM Assessment or completion of an equivalent examination/course. (Refer to question 8)   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Attached appropriate Technical/Business Nominee’s Forms for Supervisors. (Refer to questions 9 & 12)   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Attached a copy of the completion of REC “Establishing A Contracting Business” or completion of an equivalent examination/course. (Refer to question 11)   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Attached a copy of the Certificate of Currency for Public Liability Insurance. (Refer to question 13)  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Attached a copy of Registration of Business Name if trading under the Business Names Act 1962. (Refer to question 14)  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Enclosed the fee for Registration -\$240.00 (cheque, money order or credit card details).  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Is Application signed and dated? (Refer to question 17)  | <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 registration renewal form at the appropriate time.

Also, the *Electricity Safety Act 1998* specifically requires ESV to make available for public inspection a register setting out certain information about every Victorian registered electrical contractor, including name and business address.

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.

**REGISTRATION OF ELECTRICAL CONTRACTORS SCHEDULE OF FEES**

Registration of Electrical Contractor –1 year \$240.00

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

**METHODS OF PAYMENT**

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

**All Registration Inquiries**

**Freecall – 1800 815 721**

**Facsimile (03) 9686 2197**

**ESV website**  
[www.esvi.vic.gov.au](http://www.esvi.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"/>                     | /   |
| Credit Card Number                        |   |  |   |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/>    | <input style="width: 100%;" type="text"/> |
| Signature                                 |   | Amount Paid                                  |   |
| <input style="width: 100%;" type="text"/> |   | \$ <input style="width: 100%;" type="text"/> |   |
| Cardholder's Name (Block Letters)         |   |  |   |
| <input style="width: 100%;" type="text"/> |   |  |   |



**Energy Safe Victoria**  
**ABN 27 462 247 657**