

Application for electrical work licence training permit

Use this form to apply for an electrical work training permit in accordance with Section 63 of the *Electrical Safety Act 2022* and Part 3 of the *Electrical Safety Regulations 2024*.

For more information please visit the Electrical Safety Regulator section on NT WorkSafe's website.

Application type:

New Renewal Additional Endorsement

1. Licence details (select applicable endorsements)

Disconnect and reconnect work – basic electrical equipment <input type="checkbox"/>	Disconnect and reconnect work – water heaters <input type="checkbox"/>
Disconnect and reconnect work – explosion protected equipment <input type="checkbox"/>	Disconnect and reconnect work – self-propelled, high-voltage earthmoving equipment <input type="checkbox"/>
Domestic appliances and equipment work <input type="checkbox"/>	Gas equipment work <input type="checkbox"/>
Fire protection equipment work <input type="checkbox"/>	Maritime operations work <input type="checkbox"/>
Water plumbing equipment work <input type="checkbox"/>	Specialised commercial and industrial equipment work <input type="checkbox"/>
Air conditioning and refrigeration work (trained overseas) <input type="checkbox"/>	Electronics and communication equipment work (trained overseas) <input type="checkbox"/>
Instrumentation and process control work (trained overseas) <input type="checkbox"/>	Unrestricted electrical work (trained overseas) <input type="checkbox"/>

2. Applicant details

Trainee Permit Number (if applying for additional endorsement, renewal or replacement)					
Surname				Date of birth	
Given name/s					
Residential address					
Suburb		State		Postcode	
Is your postal address the same as above? If no, complete below.					
Postal address					
Suburb		State		Postcode	

3. Contact details

Phone number		Mobile number	
Email address			
*All correspondence is sent out via email, it is important that you provide a valid email address when applying.			

4. Employer Details

Contractor name					
Contractor licence number (if applicable)		Expiry date			
ABN					
Supervisor name					
Business address					
Suburb		State		Postcode	
Is the business address the same as above? If no please complete below.					
Postal address					
Suburb		State		Postcode	

5. Colour identification test (please complete if you are an new applicant)

I have previously undertaken a colour identification test and the results of that test have been submitted to the Electrical Safety Regulator previously. OR	<input type="checkbox"/>
I have not previously undertaken a colour identification test and my colour identification test results are attached.	<input type="checkbox"/>

6. Prior Training Requirements (if applicable)

A copy of the notice of completion of prior training required for particular endorsement is attached. Note: must be issued by Australian Apprenticeship Support Network NT	<input type="checkbox"/>
A copy of the final academic record of the prior training requirement(s) for particular endorsement is attached (issued by your RTO)	<input type="checkbox"/>
Copy of Offshore Technical Skills Record (issued by Trades Recognition Australia) (for applicants trained overseas)	<input type="checkbox"/>

7. Practical experience

I have evidence of employment to complete the experience requirement in the endorsement selected relevant to my application Note: statutory declaration form available on NT WorkSafe's website.	<input type="checkbox"/>
I have evidence of holding any other licence or registration required to be eligible for the restricted licence. Note: this is required for certain endorsements only and includes a licence or registration issued under the <i>Plumbers and Drainers Licensing Act 1983</i> ; or a gas fitter certificate issued under the <i>Dangerous Goods Regulations 1985</i> .	<input type="checkbox"/>

8. Disclosures

1. In the last 10 years have you been convicted or found guilty of any offence (other than a minor traffic offence) or are any court proceedings pending? If yes, provide details below:	Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>2. Are you an undischarged bankrupt or have you applied to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounded with creditors or made an assignment of your remuneration for their benefit? If yes, provide details below:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>3. Are you currently subject of disciplinary proceedings, or an investigation that might lead to disciplinary proceedings in the Northern Territory or another State or Territory? If yes, provide details below:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>4. Have you ever been disqualified from applying for an electrical licence? If yes, provide details below:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>5. Have you ever had an equivalent electrical workers licence under the <i>Electrical Workers and Contractors Act 1978</i> or any electrical legislation in another State, Territory or the Commonwealth refused, or suspended or cancelled? If yes, provide details below:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

9. Proof of identity (ID)

<p>You must attach either one of the following combinations:</p> <ul style="list-style-type: none"> • One primary and one secondary documents <p>ID must include at least one type of primary ID that contains the applicants name and date of birth. If you are unable to provide the required documents please contact NT WorkSafe on 1800 019 115.</p>	
Primary document	Select
Australian passport (note: passports are still valid for 2 years after expiry, unless cancelled)	<input type="checkbox"/>
Australian drivers licence	<input type="checkbox"/>
Licence or permit issued by the Commonwealth, State or Territory government that has your DOB and photo i.e HRWL licence, working with children’s card etc	<input type="checkbox"/>
Proof of Age Card issued by an Australian State or Territory	<input type="checkbox"/>
Identity document issued by an Aboriginal Land Council that has your photograph	<input type="checkbox"/>

Secondary document	Select
Photo ID card showing you are a Commonwealth, State or Territory Government employee	<input type="checkbox"/>
Australian birth certificate/card	<input type="checkbox"/>
Australian citizenship certificate	<input type="checkbox"/>
Medicare, centrelink or health care card	<input type="checkbox"/>
Council rates notice with your name and current residential address	<input type="checkbox"/>
Utilities notice with your name and current residential address	<input type="checkbox"/>
Foreign drivers licence	<input type="checkbox"/>

10. NT WorkSafe safety alert subscription

Please subscribe to the NT WorkSafe safety alerts to receive up to date and current technical updates, media releases, incident information, news and events? These updates can provide you with useful and important information on a range of work and industry related issues.	<input type="checkbox"/>	
If yes, select the subscription options below.		
Safety alerts <input type="checkbox"/>	Incident information release <input type="checkbox"/>	Media releases <input type="checkbox"/>
News and events <input type="checkbox"/>	Technical updates (Electrical, Solar and Gas Sectors <input type="checkbox"/>	

11. Applicant declaration

I, (full name)			
Of (address)			
Solemnly and sincerely declare that:			
<ul style="list-style-type: none"> All statements and information contained in this application are true and correct to the best of my knowledge by virtue of the <i>Oaths, Affidavits and Declarations Act 2010</i>; and I have read and understood the information contained in this application and associated guidelines; and I know that it is an offence to make a declaration that is false in any material particular. 			
This declaration is made at (location)		on (date)	
Applicant signature			
<p>Note: Under the <i>Oaths, Affidavits and Declarations Act 2010</i> a person wilfully making a false statement or altering a statement, in a statutory declaration is guilty of a crime and is liable to a penalty or imprisonment, or both.</p>			

12. Supervisor declaration

I, (full name)			
Of (address)			
Solemnly and sincerely declare that:			
<ul style="list-style-type: none"> • I am the supervisor responsible for the training of this apprentice; and • I acknowledge and will remain compliant with the duties outlined in sections 56 and 57 of the <i>Electrical Safety Regulations 2024</i>; and • I know that it is an offence to make a declaration that is false in any material particular. 			
This declaration is made at (location)		On (date)	
Applicant signature			
Note: Under the <i>Oaths, Affidavits and Declarations Act 2010</i> a person wilfully making a false statement or altering a statement, in a statutory declaration is guilty of a crime and is liable to a penalty or imprisonment, or both.			

Supporting documents checklist

Prescribed application fee – See the application fees webpage for current fee.	<input type="checkbox"/>
Signed and completed declaration.	<input type="checkbox"/>
Proof of identity (ID) documents attached.	<input type="checkbox"/>
Colour eye test results attached if new application. See colour identification test for optometrists use below (page 4).	<input type="checkbox"/>
Practical experience attached 6 as applicable.	<input type="checkbox"/>
Training certificates attached (section 5).	<input type="checkbox"/>
Evidence of employment attached.	<input type="checkbox"/>
Disconnect and reconnect work (water heaters) and water plumbing equipment work – copy of your plumbing and drainers licence	<input type="checkbox"/>
Gas equipment work – a copy of your gas fitter certificate	<input type="checkbox"/>

Disclaimer

The Electrical Safety Regulator and the Northern Territory Government respects and is committed to safeguarding the confidentiality and privacy of the information that it collects and handles, in accordance with the *Northern Territory Information Act 2002*.

You have been asked to provide personal information necessary for us to meet your application requirements. You do not have to provide your personal information but if you choose not to, this application will be incomplete and we will be unable to process it.

The information you provide will be accessible to Occupational Licensing and will only be used to provide a department service or program. We will not disclose your personal information to third parties unless, authorised or required by law to do so you have given us consent to share your personal information for a specific purpose.

You may request access to the personal information we hold about you. If you want more information about the Northern Territory's privacy laws, please refer to the *Northern Territory Information Act 2002*, or the Office of the Information Commissioner NT.

Lodgement

Complete applications can be lodged in person, email or via post at a Territory Business Centre below.

Darwin	Darwin Corporate Park, Ground Floor, Building 3, 631 Stuart Highway Berrimah
Katherine	Big Rivers Government Centre, 5 First Street
Tennant Creek	Barkly Business Hub, 63 Haddock Street
Alice Springs	Ground Floor, The Green Well Building, 50 Bath Street
1800 193 111	territorybusinesscentre@nt.gov.au
	GPO Box 9800 Darwin NT 0801

Payment details

A fee is payable on lodgement of this application form. Payment can be made by:

- Cash (in person only); or
- Cheque (made out to Receiver of Territory Monies); or
- Credit card (Visa or MasterCard accepted in person or over the phone). Note: A staff member from the Territory Business Centre will contact you via phone for payment.

Colour Identification Test (required for new applicant only)

The Electrical Safety Regulations 2024 provides that an application for an electrical workers licence, Permit or Apprentice Registration is to be accompanied by a statement of results to the effect that the applicant has obtained a colour identification test.

This form is not a regulation form and is provided only for the convenient use of a Medical Practitioner, Optometrist, or Registered Nurse, who may be conducting a colour identification test for the purposes of the Act.

I,

Being a qualified Optometrist Medical practitioner Registered nurse

Practitioner address

Have conducted a colour identification test on the below applicant.

Name of applicant

Who has satisfied me that, at the time of the test they are able to correctly identify colours. Yes No

Other comments relating to the test

Signature Date