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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Use this form to apply for an electrical contractor licence in accordance with Section 55 of the *Electrical Safety Act 2022* and Part 3 of the Electrical Safety Regulations 2024*.* Please complete sections of form relevant to your application type only. **Note:**  The Company or Partnership must confirm in writing that the Director or Partner completing this form is authorised to apply for the electrical contractor licence on their behalf.  The listed nominee must have held a current NT unrestricted electrical work licence for a minimum of  2 years.  For more information please visit the Electrical Safety Regulator section on NT WorkSafe’s website.  **Application type:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| New |  | | | | | | Renewal | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Licence term** (select one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 year | |  | | | | | | | | | | | | | 2 years | | |  | | | | | | | | | | | | 3 years | | | | | | |  | | | | | | | | | | | | | | | |
| 1. **Business details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Partnership | | |  | | | | | | | Company/Incorporate body | | | | | | | | | | |  | | | | | | Association/Unincorporated body | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Company name | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business name (if applicable) | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ABN | |  | | | | | | | | | | | | | | | ACN (if applicable) | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb | | | | |  | | | | | | | | | | | | | | | | | | | | State | | | | | | |  | | | | | | Postcode | | | | | | | | | |  | | | | |
| Is your postal address the same as above? If no, complete below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb | | | | |  | | | | | | | | | | | | | | | | | | | | State | | | | | | |  | | | | | | Postcode | | | | | | | | | |  | | | | |
| 1. **Contact details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact person | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Position | | | | | | |  | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Nominated person details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Complete nominated person details below. If more than one, please photocopy and attach to application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Date of birth | | | | | | | | | |  | | | | | | | | | | |
| Given name/s | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Electrical work licence number | | | | | | | A | | | |  | | | | | | | | | | | Expiry date | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Postal address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb | | | | | |  | | | | | | | | | | | | | | | | | | State | | | | | | | | |  | | | | | | | | Postcode | | | | | | | | |  | | |
| Phone number | | | | | |  | | | | | | | | | | | | | Mobile number | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Email address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nominee declaration: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * I accept nomination to the above listed contractor licence; and * I have a minimum of 2 years recent experience in performing and supervising electrical installation work; (i.e. a statutory declaration from employers stating work carried out, or copies of certificates of compliance that you have signed off as the tester of the work); and * I have completed the relevant approved electrical contractors course, including: * UEEL00040: Develop compliance policies and plans to conduct an electrical contracting business * UEEEL0002: Apply currency of safe working practices and compliance verification of electrical installations;   OR   * I have been a nominee on a contractor’s licence within the last 3 years (attach copy of licence) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nominee signature | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | | | | | |  | | | | | | | | | | | | |
| 1. **Authorised Director/Partners details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Complete director/partner details below. If more than one, please photocopy and attach to application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Date of birth | | | | | | | | | |  | | | | | | | | | | |
| Given name/s | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb | | | | | |  | | | | | | | | | | | | | | | | | | | | State | | | | | |  | | | | | | | | | Postcode | | | | | | | | |  | | |
| **Contact details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone number | | | | | |  | | | | | | | | | | | | | | Mobile number | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Email address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Disclosures** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. In the last 5 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 | | | |  | | | | | | No | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Have you ever been a director or a manager of a company which is subject to a winding up order, placed in receivership or administration, or under official management, had a controller appointed, or entered into other arrangements with creditors due to insolvency?   If yes, quote the date(s) and jurisdiction(s) below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | | | | | No | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. 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, quote the date(s) and jurisdiction(s) below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | | | | | No | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | | | | | No | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Have you ever been disqualified from applying for an electrical licence?   If yes, provide details below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | | | | | No | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Have you ever had an equivalent electrical workers licence under the *Electrical Workers and Contractors Act 1978* or any electrical legislation in another State, Territory or the Commonwealth refused, or suspended or cancelled?   If yes, provide details below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | | | | | No | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Proof of identity (ID)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Each person associated with the application **must attach** the following:   * One primary and one secondary documents.   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 193 111. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Primary document** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Select** | | | | | | | |
| Australian passport (note: passports are still valid for 2 years after expiry, unless cancelled) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Australian drivers licence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Proof of Age Card issued by an Australian State or Territory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Identity document issued by an Aboriginal Land Council that has your photograph | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **Secondary document** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Select** | | | | | | | |
| Australian birth certificate/card | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Australian citizenship certificate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Photo ID card showing you are a Commonwealth, State or Territory Government employee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Medicare, centrelink or health care card | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Council rates notice with your name and current residential address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Utilities notice with your name and current residential address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Foreign drivers licence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 1. **NT WorkSafe safety alert subscription** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please [subscribe](https://worksafe.nt.gov.au/forms-and-resources/safety-alerts) 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| If yes, select the subscription options below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Safety alerts | | | | | |  | | | | | | | | Incident information release | | | | | | | | | | | | | |  | | | | | | Media releases | | | | | | | | | | | |  | | | | | | |
| News and events | | | | | |  | | | | | | | | Technical updates (Electrical, Solar and Gas Sectors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| 1. **Director declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, (company director) | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| hereby apply for an electrical contractor’s licence on behalf of the below company. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company name | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| And solemnly and sincerely declare that:   * All statements and information contained in this application are true and correct to the best of my knowledge by virtue of the *Oaths, Affidavits and Declarations Act 2010*; and * I have read and understood the information contained in this application and associated guidelines; and * I and my employees (if any) have been or will be informed that all electrical work in the Northern Territory must be performed in compliance with the *Electrical Safety Act 2022*, Wiring Rules (AS 3000) and Power & Water Corporation requirements; failure to do so can result in disciplinary proceedings under the *Electrical Safety Act 2022* or other Northern Territory legislation; 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) | | | | | | | |  | | | | | | | | | |
| Director signature | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Note:** Under the *Oaths, Affidavits and Declarations Act 2010* 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Supporting documents checklist** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prescribed application fee – See the [application fees](https://electricallicensing.nt.gov.au/fees) webpage for current fee. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Directors/partners section completed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Copy of written authorisation for Director from Company or Partnership | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Nominee’s section completed and signed declaration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Proof of identity (ID) documents attached for each person associated with the application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Evidence of at least $5,000,000 of public and products liability insurance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Copy of current business name extract attached (if applicable). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Copy of ASIC extract setting out details of all directors, secretaries and all other office holders issued within the last 30 days (if a company) attached. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Electrical worker’s register attached (for renewal or replacement applications only). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **Nominee additional requirements** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Copy of current NT unrestricted electrical work licence attached. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Evidence of 2 years practical experience attached (section 4). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Evidence of completing contractor course or proof of being a nominee on a contractor’s licence in last 3 years attached. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |

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| --- | --- | --- | --- |
| 1. **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 NT WorkSafe 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. | | | |
| 1. **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](mailto:territorybusinesscentre@nt.gov.au) | GPO Box 9800 Darwin NT 0801 |
| 1. **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. | | | |