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| Use this form to apply for a restricted electrical work licence in accordance with Section 55 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 equipment2 | |  | | Disconnect and reconnect work – water heaters2 | | | | | | | | | | |  | |
| Disconnect and reconnect work – explosion protected equipment2 | |  | | Disconnect and reconnect work – self-propelled, high-voltage earthmoving equipment2 | | | | | | | | | | |  | |
| Domestic appliances and equipment work2 | |  | | Electrical cable jointer work1 | | | | | | | | | | |  | |
| Electrical fitting work1 | |  | | Electrical line work - transmission1 | | | | | | | | | | |  | |
| Electrical line work - distribution1 | |  | | Electronics and communication equipment work1 | | | | | | | | | | |  | |
| Fire protection equipment work2 | |  | | Gas equipment work2 | | | | | | | | | | |  | |
| Instrumentation and process control equipment work1 | |  | | Maritime operations work2 | | | | | | | | | | |  | |
| Refrigeration and air-conditioning equipment work | |  | | Specialised commercial and industrial equipment work2 | | | | | | | | | | |  | |
| Water plumbing equipment work2 | |  | | Other | | | | | | | | | | |  | |
| 1 Requires a copy of your final colour profile report (section 7) | |  | | 2 Requires a copy of your restricted electrical work   training permit (section 5) | | | | | | | | | | |  | |
| 1. **Applicant details** | | | | | | | | | | | | | | | | |
| Electrical Work Licence 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 | | | |  | | | |
| 1. **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. | | | | | | | | | | | | | | | | |
| 1. **Colour identification test (required if this is a first application for a restricted electrical work licence)** | | | | | | | | | | | | | | | | |
| I have previously undertaken a colour identification test and the results of that test have been submitted to the Electrical Safety Regulator previously. OR | | | | | | | | | |  | | | | | | |
| I have not previously undertaken a colour identification test and my colour identification test results are attached. | | | | | | | | | |  | | | | | | |
| 1. **Training** | | | | | | | | | | | | | | | | |
| **NEW** A copy of the notice of completion of training is attached.  Note: must be issued by Australian Apprenticeship Support Network NT | | | | | | | | | |  | | | | | | |
| **NEW** A copy of the final academic record is attached (issued by your RTO) | | | | | | | | | |  | | | | | | |
| **NEW** A copy of your restricted electrical work training permit\*2  (applicable endorsements only) | | | | | | | | | |  | | | | | | |
| **NEW**  I acknowledge that I have been trained in cardiopulmonary resuscitation (CPR) within the last 12 months and can provide a certificate of currency of such training (CPR issue date) dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if required; AND | | | | | | | | | | Yes | |  | | No | |  |
| * if you are a restricted electrical line worker (distribution), I have been trained in pole top rescue and can provide a copy of my statement of attainment for performance of pole top rescue dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if required; or | | | | | | | | | | Yes | |  | | No | |  |
| * if you are a restricted electrical line worker (transmission), I have been trained in tower rescue and can provide a copy of my statement of attainment for performance of tower top rescue dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if required. | | | | | | | | | | Yes | |  | | No | |  |
| 1. **Practical experience – one of the following** | | | | | | | | | | | | | | | | |
| I have six certificates of compliance within the last 18 months for electrical work completed as a restricted electrical worker | | | | | | | | | |  | | | | | | |
| I have a statutory declaration from my employer or supervisor as evidence of at least 12 months practical experience in trade work relevant to the restricted electrical work licence.  **Note:** statutory declaration form available on NT WorkSafe’s website. | | | | | | | | | |  | | | | | | |
| I have a statutory declaration from myself where I am self-employed or do not have an employer or supervisor as evidence of at least 12 months practical experience in trade work relevant to the restricted electrical work licence. | | | | | | | | | |  | | | | | | |
| **6A. Other licence or experience – where applicable** | | | | | | | | | |  | | | | | | |
| 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 *Plumbers and Drainers Licensing Act 1983*; or a gas fitter certificate issued under the Dangerous Goods Regulations 1985. | | | | | | | | | |  | | | | | | |

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| 1. **Profile report** | | | | |
| A copy of the final colour profile report is attached (applicable endorsements only) 1 |  | | | |
| 1. **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 |  | 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, provide details 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 |  |
|  | | | | |

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| 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)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| You **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 019 115. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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** | | | | | | | |
| Photo ID card showing you are a Commonwealth, State or Territory Government employee | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Australian birth certificate/card | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Australian citizenship certificate | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | No | | | |
| 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. **Applicant declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, (full name) | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Of (address) | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 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 *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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Supporting documents checklist** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prescribed application fee – See the [application fees](https://electricallicensing.nt.gov.au/fees) webpage for current fee. | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Signed and completed declaration. | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Proof of identity (ID) documents attached. | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **NEW -** Colour eye test results attached if not previously submitted to the board.  See colour identification test for optometrists use below (page 4). | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Practical experience attached. | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Training certificates attached. | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Colour profile report attached. | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **NEW -** Statutory declaration (form SD-03) completed by supervisor outlining on the job experience. | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **RENEWAL -** Statutory declaration (form SD-04) or six Certificates of Compliance issued within 18 months period | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **Restricted licence – Additional information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Refrigeration & Air-conditioning apprentices only** – A copy of your final report (in colour). | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **Power and Water Corporation ESOs only** – A copy of your training records. | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **Disconnect and reconnect work (water heaters) and water plumbing equipment work** – copy of your plumbing and drainers licence | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **Gas equipment work** – a copy of your gas fitter certificate | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **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](mailto: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 if this is a first application for a restricted electrical work licence)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Electrical Safety Regulations 2024 provides that an application for an electrical workers licence, Permit or Apprentice Registration 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 (applicant’s name): | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Who has satisfied me that, at the time of the test, they were able to correctly identify colours. | | | | | | | | | | | | | | | Yes | | | |  | No | | | | | | | | | |  | |
| Other comments relating to the test | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | |  | | | | | | | | | | | | | | | Date | | | | |  | | | | | | | | | |