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| Use this form to apply for an unrestricted electrical work licence in accordance with section 55 of the *Electrical Safety Act 2022* and Part 3 of the Electrical Safety Regulations 2024.  Refer to the electrical work licence bulletin for further information. For the relevant application fee, visit the licensing fees and charges webpage.  **Application type:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | New |  | Renewal |  |  |  | | | | | | | | | | | | | | | | | | | | | |
| 1. **Licence details** (select applicable) | | | | | | | | | | | | | | | | | | | | |
| Please select the category of unrestricted electrical work licence you are applying for. | | | | | | | | | | | | | | | | | | | | |
| Unrestricted electrical mechanic | |  | | Unrestricted electrical mechanic and fitter | | | | | | | | | | | | | |  | | |
| Licence number (if renewal or replacement) |  | | | | Expiry date (if renewal or replacement) | | | | | |  | | | | | | | | | |
| 1. **Applicant details** | | | | | | | | | | | | | | | | | | | | |
| 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 (for a first application for an unrestricted electrical work licence only)** | | | | | | | | | | | | | | | | | | | | |
| 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. **Practical experience** | | | | | | | | | | | | | | | | | | | | |
| I have evidence of at least 12 months practical experience in the trade work of an electrical mechanic (statutory declaration: SD-01 available from the NT WorkSafe’s website);  **AND (for unrestricted electrical mechanic and fitter licence applications)** | | | | | | | | | | | | |  | | | | | | | |
| I have evidence of 12 months practical experience in the trade work of an electrical fitter during the apprenticeship, such as a statutory declaration from your employer (statutory declaration: SD-02). | | | | | | | | | | | | |  | | | | | | | |
| 1. **Training** | | | | | | | | | | | | | | | | | | | | |
| A copy of the notice of completion of training is attached.  Note: must be issued by Australian Apprenticeships Support Network NT | | | | | | | | | | |  | | | | | | | | | |
| A copy of the final academic record is attached (issued by your RTO) | | | | | | | | | | |  | | | | | | | | | |
| I acknowledge that I have been trained in resuscitation within the last 12 months and can provide a certificate of currency of such training (CPR issue date) if required | | | | | | | | | | | Yes | | |  | | | No | | |  |
| 1. **Overseas trained applicants** | | | | | | | | | | | | | | | | | | | | |
| A copy of the Australian recognised trade certificate (issued by Trade Recognition Australia) is attached. **OR** | | | | | | | | | | |  | | | | | | | | | |
| A copy of the offshore technical skills record (issued by a Trade Recognition Australia approved Registered Training Organisation) is attached. Note: this is required for applicants trained outside of Australia only. | | | | | | | | | | |  | | | | | | | | | |
| Evidence of completing 10809NAT course in Electrician – Minimum Australian Context Gap Training. | | | | | | | | | | |  | | | | | | | | | |
| 1. **Profile report** | | | | | | | | | | | | | | | | | | | | |
| A copy of the final colour profile report is attached. | | | | | | | | | | |  | | | | | | | | | |
| 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 | | |  | |
|  | | | | | | | | | | | | | | | | | | | | |

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| 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, including the licence: | Yes | |  | No |  |
|  | | | | | |
| 1. **Proof of identity (ID)** | | | | | |
| You **must attach** the following:   * One primary and one secondary document.   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 | |  | | | |

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| 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. **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 only** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Colour eye test results attached if not previously submitted to the Electrical Safety Regulator (for first application for an unrestricted electrical work licence)  See colour identification test for optometrists use below (page 6). | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Practical experience attached (section 5). | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Training certificates attached (section 6 and 7 as appropriate). | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Colour profile report attached (section 8). | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Statutory declaration (form SD-01 and SD-02 as applicable) completed by supervisor outlining on the job experience. | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **RENEWAL only** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Electrical skills maintenance course UEE0001RA OR | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Statutory declaration (form SD-02 available from NT WorkSafe’s website) OR | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Six (6) certificates of compliance completed within the last 18 months as evidence of skills maintenance | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **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 (only required for first application for an unrestricted electrical work licence)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Electrical Safety Regulations 2024provides 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 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 | | | |  | | | | | | |