

Form R116A

Request to extend an Electrician's Training Licence (Suitable for applicants who have a current Electrician's Training Licence and have had their apprenticeship extended)

Application Checklist	Use this checklist reminder to ensure that you complete all parts of the application and attach all necessary documents. Licence details completed. Personal and contact details completed. Declaration completed. Please print neatly in BLOCK LETTERS with a black or blue pen.		
Licence details	Electricians Training Licence number Note: If your training licence has expired please complete the application form - "Application for a licence endorsed as an Electrician's Training Licence"		
Applicant Details	Applicant Details Title: Mr Mrs Ms Miss Surname:	_	
	Given Names:		
	Date of Birth:		
Residential address*	*Required for publication on the Register. Cannot be a PO Box. Residential Address:		
	Suburb:	State:	Postcode:
Postal address*	As above *Address for correspondence from the Department. Postal Address:		
	Suburb:	State:	Postcode:
Contact details	Home Phone:	Work Phone:	
	Mobile Phone:		
	Email: *Required to receive courtesy renewal reminder notifications via SMS and email and other important notifications relevant to your licence		

Declaration

Sign and date before submitting application

Regulation 59 of the Electricity (Licensing) Regulations 1991 makes it an offence for a person to:

- falsify any matter pertaining to an application;
- provide any document or other evidence relating to qualifications or experience that is forged, false or fraudulent;
- provide any document in support of an application that is wrongfully represented as pertaining to the
 applicant; or
- give a false testimonial in connection with this application.

By signing this declaration, you give consent to the Electrical Licensing Board, duly authorised officers of the Department of Mines, Industry Regulation and Safety or persons acting on behalf of the Board or the Department to make enquiries and to receive and disclose any information for the purpose of determining this application.

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	Full name of applicant		

- 1. authorise the Electrical Licensing Board, the Department of Mines, Industry Regulation and Safety or persons acting on behalf of the Board or the Department to make enquiries considered necessary to assess this application. My general consent includes the specific consent to the acquisition of copies of my criminal records. I agree that the Board can use any or all information received pursuant to this authority for the purposes of the assessment or audit of this application; and
- 2. sincerely declare that this application is true and correct.

Signature	Date

You may lodge your completed application:

By post addressed to:

Licensing Services

Department of Mines, Industry Regulation and Safety Locked Bag 100, EAST PERTH WA 6892 In person at:

Customer Service Level 1, Mason Bird Building 303 Sevenoaks Street CANNINGTON

Hours: 8:30am to 4:30pm Monday to Friday **Electronic:**

Email

electricallicensing@dmirs.wa.gov.au

Enquiries Only

Telephone: (08) 6251 2000

Email:

electricallicensing@dmirs.wa.gov.au

Internet

www.dmirs.wa.gov.au/building-and-energy