



Restoration of Name to the Electrical Licensing Register (Electrician) Expired more than five years

Form R140C

Application checklist	<p>Use this checklist reminder to ensure that you complete all parts of the application and attach all necessary supporting documents.</p> <p><input type="checkbox"/> Non-refundable restoration fee.</p> <p><input type="checkbox"/> Registration fee for one year OR <input type="checkbox"/> Registration fee for five years.</p> <p><input type="checkbox"/> Personal and contact details completed.</p> <p><input type="checkbox"/> Proof of competency in accordance with the "Evidence of Competency" section on page 2 of the application form.</p> <p><input type="checkbox"/> Fit and Proper assessment – Australian Police Check attached.</p> <p><input type="checkbox"/> Proof of identification in accordance with the attached Proof of Identity Sheet.</p> <p><input type="checkbox"/> Declaration completed.</p>				
Credit card details remain confidential	<p>Payment Details (Payment will appear as "WA Gov – DMIRS" on your bank statement)</p> <p><input type="checkbox"/> Cheque enclosed (made payable to Department of Mines, Industry Regulation and Safety)</p> <p><input type="checkbox"/> Credit Card payment <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa</p> <p>Card Number / / Expiry Date / </p> <p>Cardholder's Name: _____ (PLEASE PRINT)</p> <p><i>I authorise the Department to deduct the current prescribed fee, including any applicable late fee. Fees are subject to change on 1 July each year.</i></p> <p>Cardholder's Signature: _____ Date: _____</p> <p>Cardholder's contact phone number: _____</p>				
OFFICE USE ONLY					
Licence No:		Department Code	EL	Chart Description	<input type="checkbox"/> Application Fee
Total Due	\$	Link Licence to payment	Yes		<input type="checkbox"/> Renewal Fee - 1 year or
					<input type="checkbox"/> Renewal Fee – 5 years

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:

Customer Service

Level 1, Mason Bird Building
303 Sevenoaks Street
CANNINGTON
Hours: 8:30am to 4:30pm
Monday to Friday

Enquiries Only

Telephone: (08) 6251 2000

Email (Do Not Email Form)

electricallicensing@demirs.wa.gov.au

Internet

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

Please ensure you have provided all required information and supporting documentation as per the application checklist. Failure to submit a complete application may result in the cancellation of your application and loss of the application fee.

Please print neatly in BLOCK LETTERS with a black or blue pen only

Details of electrician's licence to be restored

Licence No: _____ Date Expired: _____

Applicant Details

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Other _____

Surname: _____

Given Names: _____

Date of Birth: ____ / ____ / ____

Residential* address

**Required for publication on the Register. Cannot be a PO Box.*

Street: _____

Suburb: _____ State: _____ Postcode: _____

Postal address*

☐ As above **Address for correspondence from the Department.*

Street: _____

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 information related to your licence*

Evidence of Competency

Expired over five years

If your electrician's licence has been expired for more than five years you are required to successfully complete the Electrical Trades Licensing (ETL) Course or hold a current Electrical Worker's Licence from another State or Territory of Australia or New Zealand, please attach:

- ☐ Evidence of successfully completing the Electrical Trades Licensing (ETL) Course **OR**
☐ A legible copy of both sides of your current licence from another State or Territory of Australia or New Zealand.

Note: An Applicant whose licence has expired for more than five years, who do not hold a current licence from another State or territory of Australia or New Zealand that can be mutually recognised, is required to successfully complete the Electrical Trades Licensing (ETL) course prior to submitting this application. To enrol in this training with a Registered Training Organisation you are required to obtain an approval letter from Licensing Services by contacting electricallicensing@demirs.wa.gov.au or (08) 6251 2000.

Fit and Proper Assessment	<input type="checkbox"/> Australian Police Check: A You must provide an Australian Police check from the approved list of providers, available here: https://www.wa.gov.au/organisation/service-delivery/police-checks-licensing . The date of issue of the police check must be within three (3) months of the date you submit your application.
Proof of identification	<input type="checkbox"/> Please attach proof of identification in accordance with the Proof of ID requirements, available here: https://www.wa.gov.au/media/50915/download?inline
Declaration Licence holder to sign and date	<p>Regulation 59 of the Electricity (Licensing) Regulations 1991 makes it an offence for a person to:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>Declaration</p> <p>I _____</p> <p>Full name of applicant</p> <p>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</p> <p>2 sincerely declare that this application is true and correct.</p> <p>_____ Signature</p> <p>_____ Date</p>