

Form R137: Restricted electrical workers licence (domestic electrical appliances)

(Suitable for applicants who have completed a Western Australian Electrical Appliance Service Person Apprenticeship)

USE ADOBE ACROBAT READER WITH THIS FORM



This form is designed to be used with the FREE Adobe Acrobat Reader application. Click here to download Acrobat Reader.

Alternatively the form can be printed and completed by hand, scanned and submitted (with all attached documents).

Checklist			
Use this checklist reminder to ensure that you complete all parts of the application and attach all necessary supporting documents.			
A non-refundable application fee			
Registration fee for one year OR Registration fee for five years			
Personal and contact details completed			
Identification in accordance with the Proof of ID requirements			
Fit and Proper assessment – Police check attached			
Please attach proof of competency in accordance with the 'Evidence of competency' section in page 3 of the application form			
Declaration completed			
Payment			
Visit our Building and Energy Fee Schedule page for current			
application and registration fees.			
Submit and pay for your application:			
Online			
If you are submitting this form online, you will be able to make			
payment using the department's payment gateway.			
https://onlineforms.dmirs.wa.gov.au/#/ form/63477b07895bd818d43f2306			
10111/ 00-17 7 307 0 7 0 3 0 3 0 1 0 1 1 1 2 0 0 0			
By post (or in person) using your credit card			
If you are submitting this form by post (or in person) and are			
making payment by credit card, you must complete the			
Application Payment Form: https://www.wa.gov.au/ media/73896/download?inline and attach it to your application.			
and dittorial to your approach.			
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

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to submit a complete application may result in the cancellation of your application and loss of the application fee. **Applicant Details** ☐ Mrs ☐ Ms ☐ Other, please specify: Salutation: Family name: First name: Other name(s): Date of birth: Residential address Note: *Required for publication on the Register. Cannot be a PO Box. Street address: Suburb: State: Postcode: Postal address Note: A postal address is required for correspondence from the Department. As above Street address or PO Box: Suburb: State: Postcode: **Contact details** Phone (home): Phone (work): Phone (mobile):* Email:* *Required to receive courtesy renewal reminder notifications by SMS and email and other important information relevant to your registration. **Proof of Identification** ■ Please attach identification in accordance with the Proof of ID requirements, available at: Attached https://www.wa.gov.au/media/50915/download?inline. Fit and proper assessment Australian police check: 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 this application.

Please ensure you have provided all required information and supporting documentation as per the application checklist. Failure

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Evid	vidence of competency	
	 Please attach a copy of a Trade Certificate endorsed Electrical Appliance Service Person issued by the Department of Training and Workforce Development and; 	tached
	Please attach a copy of UEE23111 Certificate III in 'Appliance Service" issued by a Registered Training Organisation within the last two years.	ached
Dec	eclaration by applicant	
_	egulation 59 of the Electricity (Licensing) Regulations 1991 makes it an offence for a person to:	
	falsify any matter relating to an application;	
	provide any document or other evidence in support of the application that is forged, false, fraudulent or wrongfully repre	sented
	as pertaining to the applicant;	
	nake a false statement in this declaration; or give a false testimonial to any person in connection with this application.	
٠	give a raise testimonial to any person in connection with this application.	
Vin	y signing this declaration, you give consent to the Electrical Licensing Board, duly authorised officers of the Department of lines, Industry Regulation and Safety or persons acting on behalf of the Board or the Department to make enquiries and to eceive and disclose any information for the purpose of determining this application.	
Dec	eclaration	
	(FULL NAME OF APPLICANT)	
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1.	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 us or all information received pursuant to this authority for the purposes of the assessment or audit of this application; and	e any
<u> </u>	sincerely declare that this application is true and correct.	
	Signature: Date:	