



Electrical Contractor's Licence Renewal Application

Occupational Licensing Act 2005

SERVICE TASMANIA (Office use only)

Product Code: OCCLIC Licence No: _____

STOP!

DO NOT USE THIS FORM IF THERE HAS BEEN A CHANGE IN THE ENTITY/OWNERSHIP OF THE BUSINESS – PLEASE CONTACT THIS OFFICE ON (03) 6233 7831

PLEASE COMPLETE ALL RELEVANT INFORMATION

Entity: Sole Trader Partnership Company Other (Specify) _____

Company Name: _____

Company ACN: _____

Business/Trading Name: _____

Business ABN: _____

Business Telephone No: _____

Mobile No: _____

E-mail Address: _____

Facsimile No: _____

Business Address: _____

Postal Address: _____

Licence holder please insert your current number and expiry date below:

CONTRACTOR'S LICENCE NO: _____

EXPIRY DATE: _____

NOMINATED MANAGER DETAILS

Title: _____

Given Name: _____

Middle Name: _____

Surname: _____

Date of Birth: _____

Tasmanian Electrical Practitioner's Licence No: _____

Expiry Date: _____

OWNER/BUSINESS MANAGER DETAILS:

Title: _____
Given Name: _____
Middle Name: _____
Surname: _____
Date of Birth: _____
Home Telephone No: _____
Mobile No: _____
E-mail Address: _____
Facsimile No: _____

INSURANCE PARTICULARS

You must provide details of your insurance cover that indemnifies you for: (a) any liability to pay for the cost of rectifying any prescribed work required because of defects in the prescribed work; (b) any trade practices liability; (c) any public liability of not less than \$5,000,000; and (d) any completed work liability. For full details of the insurance cover required under the *Occupational Licensing Act 2005*, you should refer to our website: www.wst.tas.gov.au/ola under Notices.

Insurance Company: _____

Insured Party: _____

Note: The name of the holder of this electrical contractor’s licence must match the name of the holder of this policy

Policy Number: _____ Period of Cover: _____ From / / To / /

1. Convictions/Legal Action

(a) In the last five years has the owner(s)/ director(s) of the company/business ever been convicted of an offence involving dishonesty?

No Yes (give details)

State/Territory: _____

Year of conviction: _____

Offence: _____

(b) In the last five years has the owner(s)/ director(s) of the company/business settled a civil legal action or had a civil judgment given against them in their capacity as an electrical contractor?

No Yes (give details)

(c) In the last five years has the owner(s)/ director(s) of the company/business been convicted or punished for any breach of any Act or Regulation governing the carrying-out of electrical work in or outside Tasmania?

No Yes (give details)

(d) In the last five years, under any law regulating the carrying out of electrical work, has the owner(s)/directors of the company/business been refused, cancelled, suspended or disqualified from holding an electrical licence or registration in or outside Tasmania?

No Yes (give details)

Type of Licence: _____

Licence No: _____

State/Territory: _____

2. Insolvency/Bankruptcy

(a) Are the owner(s)/directors of the company/ business currently insolvent, been bankrupt or have assigned their estate for the benefit of creditors?

No Yes (give details)

(b) If a company, is the company insolvent or in receivership?

No Yes (give details)

DECLARATION BY APPLICANT

I solemnly and sincerely state that the content of this application is true and correct

Stated at on this..... day of 20

Name (applicant) Signature (applicant)
 (print)

Before me,

Name (witness) Signature (witness).....
 (print)

PAYMENT OPTIONS

Fees applicable from 1 July 2009 (There is no GST component).

Contractor – renewal fee payable before expiry date	\$305.90
Contractor – renewal fee payable if you renew after the expiry date	\$399.00

METHOD OF PAYMENT

WST ABN 29 206 713 203

PAYMENT OF LICENCE FEE TO BE PAID in person at any **Service Tasmania** shop

Interstate Applicants only

MAIL PAYMENT (cheque/credit card details) to:

Workplace Standards Tasmania PO Box 56 ROSNY PARK TAS 7018

Credit Card Details: Mastercard <input type="checkbox"/> Visacard <input type="checkbox"/>	Amount Paid: _____
Credit Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Card Expiry Date: ___/___
Cardholder's Name: (Block Letters)	Phone No. Signature: _____

Personal information we collect from you for licensing processes will be used by Workplace Standards Tasmania for that purpose and may be used for other purposes permitted by the *Occupational Licensing Act 2005* and associated laws. Your personal information may be disclosed to contractors and agents of the Workplace Standards Tasmania; law enforcement agencies, courts and other public sector bodies or organisations authorised to collect it. This information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by you on request to this Department. You may be charged a fee for this service. Failure to provide this information may result in your application not being processed or records not being properly maintained.