

## Electrical Contractor's Licence Change in Nomination of Manager

*Occupational Licensing Act 2005*

FOR WHOM WILL THE NEW NOMINATED MANAGER BE WORKING:

LICENCE NO: **C**

Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_

### PREVIOUS NOMINATED MANAGER

Tasmanian electrical practitioner's licence number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Title: \_\_\_\_\_ Given Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Surname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### NEW PROPOSED NOMINATED MANAGER

Tasmanian electrical practitioner's licence number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Title: \_\_\_\_\_ Given Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Surname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### 1. HAVE YOU BEEN A NOMINATED MANAGER OR EQUIVALENT WITHIN AUSTRALIA IN THE LAST 3 YEARS?

- If No, Go to Question 2       If Yes, give details and Go to Declaration

Contractor Name: \_\_\_\_\_ Contractor Number: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_ State/Territory: \_\_\_\_\_

Years of Employment in this position from:      /      /      to      /      /

### 2. HAS THE NOMINATED MANAGER COMPLETED A COURSE OF TRAINING IN THE MANAGEMENT OF A CONTRACTOR'S BUSINESS?

- If No, Go to Question 3       If Yes, give details and Go to Declaration

Course Name: \_\_\_\_\_ Date Course Completed: \_\_\_\_\_

Name of Registered Training Organisation such as TAFE: \_\_\_\_\_

**3. HAS THE NOMINATED MANAGER OTHER QUALIFICATIONS OR EXPERIENCE RELEVANT TO THE MANAGEMENT OF A CONTRACTOR'S BUSINESS?**

No  If Yes, give details

(a) Competence to assess the scope and technical requirements of work:

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(b) Competence to determine the skills and resources necessary to carry out work:

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(c) Competence to put in place arrangements for safe and proper work:

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**DECLARATION**

If you accept to be the nominated manager for the contractor applying for the electrical contractor's licence and you understand the obligations of a nominated manager under the *Occupational Licensing Act 2005* and associated regulations, both yourself and the representative of the contracting business must sign and date this declaration

Name of new nominated manager: ..... Signature: .....  
(print)

Date: ..... / ..... / 20.....

Name of person signing

on behalf of contractor business: ..... Signature: .....  
(print)

Date: ..... / ..... / 20.....

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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 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.