Application

## **Exemption to Hold an Electrical Contractor's Licence**

(Suitable for electricians who are carrying out electrical installing work for their immediate family on a residential premises)

The electrical installing work must NOT be carried out for monetary gain or reward

Form R022B

Application checklist	Use this checklist reminder to ensure that you complete all parts of the application and attach all necessary documents.				
	Licence details com	npleted.			
☐ Details of the owner and the address of the property where the electrical work will be carrie					
	☐ Evidence confirming proof of ownership.				
	☐ Details of relationship to electrical worker completed.				
	<ul> <li>□ Details of electrical work to be carried out.</li> <li>□ Insurance acknowledgement completed by property owner.</li> <li>□ Declaration by electrical worker completed.</li> </ul>				
Lodge your cor	mpleted applicatio	n: <b>Post:</b>		In person:	
electricallicensing@dmirs.wa.gov.au		Licensing Services Department of Mines, Industry Regulation and Safety Locked Bag 100, EAST PERTH WA 6892		Level 1, Mason Bird Building 303 Sevenoaks Street CANNINGTON Hours: 8:30am to 4:30pm Monday to Friday	
Enquiries:					
Email:		Telephone:	Internet:		
electricallicensing@dmirs.wa.gov.au		(08) 6251 2000	www.dmirs.wa.gov.au/building-and-energy		

application checklist. Failure to submit a complete application may result in the cancellation of your request					
	Please print neatly in BLOCK LETTERS with a black or blue pen.				
Electrician's Licence Details	Surname:				
Details of the owner and the address where the electrical installing work will be carried out	Owner's Name:				
Proof of ownership	☐ Please attach proof of ownership of the property where the electrical installing work is to be carried out.  This proof of ownership can be in the form of a title deed, building contract or rates notice.				
Relationship to the electrician	☐ Immediate family member (please specify relationship to electrician):  ———————————————————————————————————				
Details of electrical work to be carried out	Please provide a detailed description of the electrical installing work to be carried out, including if the work requires alterations to supply authority service equipment:				
Insurance Acknowledgement by property owner	I give permission for the electrical installing work as stated in this request, to be carried out at my premises.  I acknowledge that:  • the electrical installing work will be carried out by someone who is not a licenced electrical contractor;  • the person completing the works is not legally obligated to have civil liability insurance and may not have it, and this may expose me to potential risks;  • My existing policies of insurance may not cover the electrical work to be carried out; and  • I have responsibility to satisfy myself that I am appropriately protected should any claim arise in relation to civil liability.  Full name of owner				
	Signature Date				

Please ensure you have provided all required information and supporting documentation as per the

Declaration by	Regulation 59 of the Electricity (Licensing) Regulations 1991 makes it an offence for a person to:				
Electrician	falsify any matter pertaining to an application;				
	<ul> <li>provide any document or other evidence relating to qualification or fraudulent;</li> </ul>	ons or experience that is forged, false			
	<ul> <li>provide any document in support of an application that is wrongfully represented as pertaining to the applicant; or</li> </ul>				
	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.				
	Declaration				
	I				
	Full name of electrician				
	authorise the Electrical Licensing Board, the Department of Mines, Industry Regulation and Safety of persons acting on behalf of the Board or the Department to make enquiries considered necessary to assess this request. I agree that the Board can use any or all of the 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			