



Electrical Contractor's Application/ Annual Renewal

For Office Use Only

Type of Contractor's Licence Issued

CA ☐ CR ☐ RW ☐ CB ☐ SA ☐

Approved By _____
Technical Inspector II (E) Signature

Type of Application

1

New Registration ☐ Renewal ☐ Upgrade Request ☐ Please specify _____

New applications for Specialty Licenses (SA) in accordance with Part 1 of Public Safety Act must be accompanied by letter of explanation for the Chief Electrical Inspector's approval

Type of Applicant (check one only)

2

Owner ☐ Partnership ☐ Corporation ☐ Representative ☐

Applicant Information (Please type or print in ink)

3

Name of Applicant		If for Renewal, state Contractor's Registration Number	
Address		Email	Postal Code
Email	Business Telephone	Fax	Cellular Telephone
Contact information will be posted to Government's website and will be publicly accessible.			

Certificate of Qualification for Contractor's Representative (If more than one, please attach additional sheets if extra space is required)

4

Indicate Type of Licence	Inter-Provincial Journeyman Electrical Construction <input type="checkbox"/>	Inter-Provincial Journeyman Industrial Electrician <input type="checkbox"/>	Residential Electrician <input type="checkbox"/>	CB Licence <input type="checkbox"/>
Licence Number	Issued By (Province or Territory)			
Original Date of Issue Y Y Y Y M M D D	Expiry Date (if applicable) Y Y Y Y M M D D			

Sole Owner (Complete if applicable. If Partnership/Corporation skip this question and proceed to section 6)

5

Business Name

Partnership/Corporation Information (Complete if applicable. If Sole Owner proceed to section 8)

6

Name of Partnership or Corporation		
Mailing address of Partnership or Corporation		
		Email
Registered address of Partnership or Corporation		
Business Telephone	Fax	Cellular Telephone
Name of Manager of the Partnership's/Corporation's Electrical Contracting Department/Division (please print)		
Manager's Address (if different from above)		
Business Telephone	Manager's Signature	
Attach list of Partners and/or Directors of Corporation on a separate sheet, if applicable.		

Continued on Reverse

Certification (Please complete if Partnership / Corporation. (If sole owner skip this section and proceed Section 8))**7**

I _____ certify that I am properly authorized to make this application on behalf of
Name of Manager / Signing Officer
the company or corporation indicated in Section 6 of this form and that _____
has been designated Contractor's Representative for this company. Contractor's Representative

This company will ensure that the requirements and associated adopted electrical codes and standards are fulfilled for all work undertaken and that electrical work will be performed by personnel who have been trained and certified by a recognized authority.

Signature of Manager / Signing Officer

Date

Y Y Y Y M M D D

Affirmation**8****Affirmation (Not required for renewal if there has been no material change from previous application.)**

I/we affirm that the information given in this application is true and complete to the best of my/our knowledge and belief.
I/we declare that I/we have read and understand the obligations under the Public Safety Act and The Electrical Regulations and will comply with the terms and conditions of this Registration Certificate. I/we hereby undertake to notify Digital Government and Service NL in writing of any material change affecting this application. I/we understand that I/we will be subject to periodic inspections/audits for the purpose of ensuring compliance with the *Public Safety Act* and The Electrical Regulations and the Canadian Electrical Code.
I/we make this declaration knowing that it has the same force and effect as if made under the provisions of *The Canada Evidence Act*.

Declared before me

at _____

in the _____ of _____

this _____ day of _____, 20_____.

Signature of Applicant

Commissioner of Oaths / Justice of the Peace /
Notary Public - with raised seal (if completed outside
Newfoundland and Labrador)

Signature of Manager / Signing Officer

Method of Payment**9**Cash ☐ Debit ☐ Cheque ☐ Money Order ☐

All cheques/money orders are to be made payable to the Newfoundland Exchequer Account.
"WHERE THE FEE PAID IS INSUFFICIENT, THE BALANCE SHALL BE PAID UPON REQUEST."

Routing Information**10**

Forward completed form to the nearest regional office of the Government Service Centre listed below:

MOUNT PEARL

Motor Registration Building
Telephone: (709) 729-2498
Facsimile: (709) 729-7400

HARBOUR GRACE

7-9 Roddick Crescent
Telephone: (709) 945-3106
Facsimile: (709) 945-3114

CLARENVILLE

8 Myer's Avenue
Telephone: (709) 466-4060
Facsimile: (709) 466-4070

GANDER

Fraser Mall
Telephone: (709) 256-1420
Facsimile: (709) 256-1438

GRAND FALLS-WINDSOR

3 Cromer Avenue
Telephone: (709) 292-4206
Facsimile: (709) 292-4149

CORNER BROOK

Sir Richard Squires Building
Telephone: (709) 637-2369
Facsimile: (709) 637-2681

HAPPY VALLEY-GOOSE BAY

2 Tenth Street
Telephone: (709) 896-5428
Facsimile: (709) 896-4340

PRIVACY NOTICE

The Government Service Centre collects personal information relating to electrical contractors under the authority of the Public Safety Act. This information may be shared with Motor Registration Division for the purposes of receipting at Government Service Centres and the Department of Education, Industrial Training Division, for the administration of the Plan of Training under the Apprenticeship Training and Certification Act. Personal information collected by the Government of Newfoundland and Labrador is protected under the Access to Information and Protection of Privacy (ATIPP) Act. If you have any questions about the collection or use of this information, please contact a Government Service Centre representative at your nearest Government Services office.

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