



## Restricted Electrical Licence

Application for a Restricted Electrical Licence			
<b>1. Applicant details</b>			
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss		
Full Name			
Date of Birth			
Current Postal address			
<input type="checkbox"/> As above or Current Residential address			
Telephone (Work)		Mobile	
Telephone (Home)		Email	
<b>2. Colour Identification Test</b>			
I state that I have previously undertaken a Colour Identification Test and the results of that test, have been submitted to the Board previously			Yes <input type="checkbox"/> No <input type="checkbox"/>
I state that I have not previously undertaken a Colour Identification Test and my Colour Identification Test results are attached.			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>3. Employment Details</b>			
Name of Employer			
Business Address			
Postal Address			
Telephone (Work)		Mobile	
Email			
<b>4. Completing Apprentices only – All Other Applicants Go to Page 3</b>			
If you have completed a Certificate III apprenticeship in (tick relevant box):			
Refrigeration / Air-conditioning	<input type="checkbox"/>		
Instrumentation	<input type="checkbox"/>		
Electronics & Communication	<input type="checkbox"/>		
Fit & Connect Meters to Existing Installations (Holder of A Grade Linesman Licence employed by PAWC only)	<input type="checkbox"/>		
Remove and Replace Plug In Power Meters (PAWC trained and contracted ESOs only)	<input type="checkbox"/>		
			<b>Go to Page 2</b>
<b>All other applicants – Go to Page 3</b>			

<b>Application for a Restricted Electrical Licence</b>			
<b>5. Supporting documents (on completion of training)</b>			
The following documents must be lodged <b>with</b> this application. <b>Please note that incomplete applications will not be processed.</b> Application fee is not refundable.			
Current photographic identification (copy of current driver's licence or passport)	<input type="checkbox"/>		
A copy of your Notice of Completion of Training (issued by Australian Apprenticeship Centre NT)	<input type="checkbox"/>		
A copy of your final academic record (issued by your RTO)	<input type="checkbox"/>		
Evidence of at least 12 months practical experience (Statutory Declaration available from the Board's website)	<input type="checkbox"/>		
<b>AND/OR</b>			
Reference letters from supervisor(s)	<input type="checkbox"/>		
<b>Line workers Only</b>	<input type="checkbox"/>		
A copy of your NT A Grade Electrical Linesman Licence			
<b>Refrigeration &amp; Air-conditioning Apprentices only</b>	<input type="checkbox"/>		
A copy of your final profile report (in colour).			
<b>Power and Water Corporation ESOs Only</b>	<input type="checkbox"/>		
A copy of your training records			
The prescribed fee	<input type="checkbox"/>		
<b>6. Declaration</b>			
I solemnly and sincerely declare that:			
1. all statements and information contained in this application are true and correct to the best of my knowledge;			
2. I have read and understood the information contained in this application and associated guidelines; and			
3. I know that it is an offence to make a declaration which is false in any material particular.			
<b>Signature of Applicant</b>		<b>On (Date)</b>	

**PLEASE IGNORE THIS PAGE  
IF YOU ARE APPLYING  
TO STUDY FOR A  
RESTRICTED ELECTRICAL LICENCE**

Applicants seeking Approval to Commence Training			
<b>5. Licence Categories</b>			
Disconnect & Reconnect - Water Plumbing Equipment	<input type="checkbox"/>	Explosion Protection Equipment	<input type="checkbox"/>
Water Plumbing Equipment	<input type="checkbox"/>	Electronics & Communication Equipment	<input type="checkbox"/>
Gas Equipment	<input type="checkbox"/>	Domestic Appliances & Equipment	<input type="checkbox"/>
Specialised Commercial/Industrial Equipment	<input type="checkbox"/>	Disconnection and Reconnection (basic)	<input type="checkbox"/>
Instrumentation & Control Equipment (Electrical Engineers only)	<input type="checkbox"/>	Self-propelled high-voltage Earth moving Equipment	<input type="checkbox"/>
<b>6. Employment Details</b>			
<b>What is your primary trade or work function?</b> (You must have completed a minimum of twelve months training in your trade or primary work function)			
<b>What will be the type of electrical work to be performed?</b> (The applicant must clearly identify the type of electrical work to be carried out and the work environment.)			
<b>How often will you be required to perform this electrical work? (eg: Daily, weekly, etc)</b>			
<b>How will the on-the-job supervision part of the training be carried out?</b>			
<b>7. Supervision Details (refer to Guideline 1b for information)</b>			
Supervisor's Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss		
Supervisor's Name			
Telephone			
Licence Number		Expiry Date	
<p>I have read and understood the obligations and responsibilities associated with agreeing to undertake the task of supervising and assessing .....(applicant's name) and undertake to perform these duties in the manner prescribed. I further understand that, if I provide the Board with false information regarding the supervision/assessment, I may be called before the Board and face disciplinary proceedings.</p>			
Supervisor's Signature			Date

<b>Applicants seeking Approval to Commence Training</b>			
<b>8. Supporting documents</b>			
The following documents must be lodged <b>with</b> this application. <b>Please note that incomplete applications will not be processed.</b> Application fee is not refundable.			
Current photographic identification (copy of current driver's licence or passport)	<input type="checkbox"/>		
Evidence of completion of training or enrolment in training for primary work function (refer to Guidelines for Form 1b for further information)	<input type="checkbox"/>		
A letter of support from employer covering essential criteria (refer to Guidelines for Form 1b for further information)	<input type="checkbox"/>		
Copy of Supervisor's electrical licence	<input type="checkbox"/>		
Colour identification test results	<input type="checkbox"/>		
The prescribed fee	<input type="checkbox"/>		
<b>9. Declaration</b>			
I solemnly and sincerely declare that:			
<ol style="list-style-type: none"> <li>1. all statements and information contained in this application are true and correct to the best of my knowledge;</li> <li>2. I have read and understood the information contained in this application and associated guidelines; and</li> <li>3. I know that it is an offence to make a declaration which is false in any material particular.</li> </ol>			
<b>Signature of Applicant</b>		On (Date)	

<b>Application for a Restricted Electrical Licence or Approval to Study</b>		
<b>Privacy Statement</b>		
The Electrical Workers and Contractors Licensing Board complies with the Information Privacy Principles scheduled to the <i>Information Act 2002</i> .		
<b>Payment options</b>		
<input type="checkbox"/> Cash – for lodgement <b>over the counter only</b>		
<input type="checkbox"/> Cheque - payable to <b>RTM (Receiver of Territory Monies)</b>		
<input type="checkbox"/> Credit Card		
Type of card	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	
Card Number		
Expiry date		
Cardholders Name		
I hereby authorise the Territory Business Centre to debit the above credit card for the amount of		\$
Cardholders Signature		Date:
Paid on behalf of	Name of applicant	
Address to which Receipt is to be sent	Mailing address of Payer	
Contact phone number		
<b>9. Lodgement options</b>		
Applications may be lodged at a Territory Business Centre near you:		
<b>Darwin</b> Darwin Corporate Park, Ground Floor, Building 3 631 Stuart Highway Berrimah NT 0828 GPO Box 9800 Darwin NT 0801 t (08) 8982 1700 f (08) 8982 1725 Toll free 1800 193 111 e <a href="mailto:territorybusinesscentre@nt.gov.au">territorybusinesscentre@nt.gov.au</a>	<b>Katherine</b> Shop 1, Randazzo Building 18 Katherine Terrace Katherine PO Box 9800 Katherine NT 0851 t (08) 8973 8180 f (08) 8973 8188 e <a href="mailto:territorybusinesscentre@nt.gov.au">territorybusinesscentre@nt.gov.au</a>	
<b>Tennant Creek</b> Shop 2, Barkley House Cnr Davidson and Paterson Street Tennant Creek PO Box 9800 Tennant Creek NT 0861 t (08) 8962 4411 f (08) 8982 1725 e <a href="mailto:territorybusinesscentre@nt.gov.au">territorybusinesscentre@nt.gov.au</a>	<b>Alice Springs</b> Ground Floor, The Green Well Building 50 Bath Street Alice Springs PO Box 9800 Alice Springs NT 0871 t (08) 8951 8524 f (08) 8951 8533 e <a href="mailto:territorybusinesscentre@nt.gov.au">territorybusinesscentre@nt.gov.au</a>	

**FOR OPTOMETRISTS USE****Colour Identification Test**

The *Electrical Workers and Contractors Act 1978* provides that an application for an Electrical Workers Licence, Permit or Apprentice Registration be accompanied by a statement of results to the effect that the applicant has obtained a colour identification test.

This form is not a Regulation form, and is provided only for the convenient use of a Medical Practitioner, Optometrist, or Registered Nurse, who may be conducting a colour identification test for the purposes of the Act.

I, \_\_\_\_\_ being a qualified  
(Medical Practitioners Name)

☐ Optometrist    ☐ Medical Practitioner    ☐ Registered Nurse

Practitioner Address \_\_\_\_\_

have conducted a colour identification test on \_\_\_\_\_  
(Applicants Name)

who has satisfied me that, at the time of the test he/she is ☐ Able    ☐ Unable  
to correctly identify colours.

Other comments relating to the test:

Signature:

Date: