



## CHANGE OF NOMINEES ON ELECTRICAL CONTRACTOR LICENCE

| Details of person making the application (contact person) |  |   |            |
|---|--|---|------------|
| Title   | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss |   |            |
| Surname   |  |   |            |
| Given name(s)   |  |   |            |
| Telephone (Work)  |  | Mobile                                    |            |
| Email   |  |   |            |
| Contractor Licence Details                                |  |   |            |
| Name of Contractor  |  |   |            |
| Licence Number  | C  | Expiry Date                               |            |
| ACN (in case of company)                                  |  | Registration No. (in case of Association) |            |
| Business Address  |  |   |            |
| Postal Address  |  |   |            |
| Telephone   |  | Mobile                                    |            |
| Email   |  |   |            |
| Nominee to be Added                                       |  |   |            |
| Full Name   |  |   |            |
| NT Licence number   | A  | Expiry Date                               |            |
| Postal Address  |  |   |            |
| Telephone   |  | Mobile                                    |            |
| Email   |  |   |            |
| Nominee's Declaration:                                    |  |   |            |
| <input type="checkbox"/>                                  | I accept nomination to contractor licence number C _____   |   |            |
| <input type="checkbox"/>                                  | I have a minimum of 2 years work experience in the trade (evidence attached)                                       |   |            |
| FOR OFFICE USE ONLY                                       |  |   |            |
| Receipt Number  |  | Date:                                     | Amount: \$ |
| Received by   |  |   |            |

| Change of Nominees (continued)   |   |             |  |
|--|---|-------------|--|
| <input type="checkbox"/>   | I have completed the relevant units of competency of the NT Electrical Contractor course (certificate attached) <b>OR</b> |             |  |
| <input type="checkbox"/>   | I have been a technical nominee on a contractor licence No. ....within the last 3 years (evidence attached)               |             |  |
| Nominee Signature  |   |             |  |
| <b>Nominee to be Added</b>   |   |             |  |
| Full Name  |   |             |  |
| NT Licence number  | A   | Expiry Date |  |
| Mailing Address  |   |             |  |
| Telephone  |   | Mobile      |  |
| Email  |   |             |  |
| Nominee's Declaration  |   |             |  |
| <input type="checkbox"/>   | I accept nomination to contractor licence number C_____   |             |  |
| <input type="checkbox"/>   | I have a minimum of 2 years work experience in the trade (evidence attached)  |             |  |
| <input type="checkbox"/>   | I have completed the relevant units of competency of the NT Electrical Contractor course (certificate attached) <b>OR</b> |             |  |
| <input type="checkbox"/>   | I have been a technical nominee on a contractor licence No. ....within the last 3 years (evidence attached)               |             |  |
| Nominee Signature  |   |             |  |
| <b>Nominees to be Removed</b>  |   |             |  |
| Full Name  |   |             |  |
| NT Licence number  | A   | Expiry Date |  |
| Full Name  |   |             |  |
| NT Licence number  | A   | Expiry Date |  |
| <b>Supporting Documents for Adding a Nominee</b>   |   |             |  |
| The following documents <b>must</b> be lodged <b>with</b> this application.  |   |             |  |
| To be supplied by Nominee: <ul style="list-style-type: none"> <li>- Copy of current NT Electrical Worker licence endorsed Electrical Mechanic <b>and</b></li> <li>- Evidence of completion of approved NT Electrical Contractors course <b>OR</b> proof of having been a technical nominee on a contractor licence within the last 3 years (photocopy of front and back of the card) <b>and</b></li> <li>- Evidence of 2 years' experience in performing and supervising electrical installation work<br/>(this may be in the form of a Statutory Declaration from employers stating work carried out, or copies of Certificate of Compliance that you have signed off as the tester of the work)</li> </ul> |   |             | <input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/> |

**Declaration by Contractor**

I \_\_\_\_\_ hereby apply for an electrical contractor's licence  
(Director of the Company)

on behalf of \_\_\_\_\_ and  
(Name of the Company)

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;
3. I and my employees have been or will be informed that all electrical work in the Northern Territory must be performed in compliance with the *Electricity Reform Act*, Wiring Rules (AS 3000) and Power & Water Corporation requirements; failure to do so can result in disciplinary proceedings under the *Electrical Workers and Contractors Act or other Northern Territory* legislation; and
4. I know that it is an offence to make a declaration which is false in any material particular.

**Signature of  
Applicant**

Date

|   |   |            |
|---|---|------------|
| <b>Payment options</b>  |   |            |
| Cash – for lodgement <b>at Territory Business Centre</b>  |   |            |
| Cheque - payable to <b>RTM (Receiver of Territory Monies)</b>   |   |            |
| Credit Card   | <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard   |            |
| Card Number   |   |            |
| Expiry date   |   |            |
| Name on card  |   |            |
| I hereby authorise Territory Business Centre to debit the above credit card for the amount of   |   | Amount: \$ |
| Cardholders Signature   |   | Date:      |
| Contact phone number  |   |            |
| Address to which Receipt is to be sent  | Mailing address of Payer  |            |
| <b>9. Lodgement options</b>   |   |            |
| <b>Darwin</b><br>Darwin Corporate Park<br>Ground Floor, Building 3<br>631 Stuart Highway Berrimah NT 0828<br>GPO Box 9800<br>Darwin NT 0801<br>t: (08) 8982 1700<br>f: (08) 8982 1725<br>Toll free: 1800 193 111<br>e: <a href="mailto:territorybusinesscentre@nt.gov.au">territorybusinesscentre@nt.gov.au</a> | <b>Katherine</b><br>Shop 1, Randazzo Building<br>18 Katherine Terrace<br>Katherine<br>PO Box 9800<br>Katherine NT 0851<br>t: (08) 8973 8180<br>f: (08) 8973 8188<br>e: <a href="mailto:territorybusinesscentre@nt.gov.au">territorybusinesscentre@nt.gov.au</a>                   |            |
| <b>Tennant Creek</b><br>Shop 2, Barkly House<br>Cnr Davidson and Paterson Streets<br>Tennant Creek<br>PO Box 9800<br>Tennant Creek NT 0861<br>t: (08) 8962 4411<br>f: (08) 8982 1725<br>e: <a href="mailto:territorybusinesscentre@nt.gov.au">territorybusinesscentre@nt.gov.au</a>                             | <b>Alice Springs</b><br>Ground Floor, The Green Well Building<br>50 Bath Street<br>Alice Springs<br>PO Box 9800<br>Alice Springs NT 0871<br>t: (08) 8951 8524<br>f: (08) 8951 8533<br>e: <a href="mailto:territorybusinesscentre@nt.gov.au">territorybusinesscentre@nt.gov.au</a> |            |