



CHANGE OF STATUS OF ELECTRICAL CONTRACTOR LICENCE

Details of authorised 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			
Existing Contractor Licence Details			
Licence Number	C	Expiry Date	
Current Status	Sole Trader		<input type="checkbox"/>
	Partnership		<input type="checkbox"/>
	Company/Incorporated Body		<input type="checkbox"/>
	Association/Unincorporated Body		<input type="checkbox"/>
Change of Status to COMPANY			
Corporation Name			
ACN			
Business Name (if applicable)			
Business Address			
Postal Address			
Telephone		Mobile	
Email			

FOR OFFICE USE ONLY			
Receipt Number		Date:	Amount: \$
Received by			

Change of Status (continued)			
Change of Status to PARTNERSHIP			
Business Name			
ABN		Expiry Date	
Business Address			
Postal Address			
Telephone		Mobile	
Email			
Details of Directors / Partners			
Full Name			
Position Held			
Address			
Full Name			
Position Held			
Address			
Full Name			
Position Held			
Address			
(Please attach additional sheet if more persons need to be listed)			
Nominee Details			
Full Name			
NT Licence number	A	Expiry Date	
Full Name			
NT Licence number	A	Expiry Date	
New Nominees please Complete Form 11			
Change of Status to SOLE TRADER			
Full Name			
Business Name			
Business Address			
Telephone		Mobile	
Email			

Supporting Documents

The following documents **must** be lodged **with** this application.

Current ASIC extract (in case of a Company)	<input type="checkbox"/>
Copy of Current Business Name Extract (if applicable)	<input type="checkbox"/>
List of Secretary, Managers and other Executives (in case of Company/partnership)	<input type="checkbox"/>
Prescribed fee	<input type="checkbox"/>

Declaration

I _____ hereby apply for an electrical contractor's licence

(Director of the Company/Partner/Sole Trader)

on behalf of _____ and

(Name of the Company/Partnership)

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 (if any) have been or will be informed that all electrical work in the Northern Territory must be performed in compliance with the *Electricity Reform Act 2000*, 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 1978* 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	
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Payment options		
Cash – for lodgement at Territory Business Centre		
Cheque - payable to RTM (Receiver of Territory Monies)		
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	
9. Lodgement options		
Darwin 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: territorybusinesscentre@nt.gov.au	Katherine Shop 1, Randazzo Building 18 Katherine Terrace Katherine PO Box 9800 Katherine NT 0851 t: (08) 8973 8180 f: (08) 8973 8188 e: territorybusinesscentre@nt.gov.au	
Tennant Creek Shop 2, Barkly House Cnr Davidson and Paterson Streets Tennant Creek PO Box 9800 Tennant Creek NT 0861 t: (08) 8962 4411 f: (08) 8982 1725 e: territorybusinesscentre@nt.gov.au	Alice Springs 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: territorybusinesscentre@nt.gov.au	