



## 'A' Grade Electrical Workers Licence (New)

### On Completion of Apprentice Training in the NT

<b>Application for an Electrical Licence Following Completion of Apprenticeship.</b>			
<b>1. Licence Details</b>			
Please select the licence you are applying for			
Electrical Mechanic	<input type="checkbox"/>	Electrical Linesman	<input type="checkbox"/>
Electrical Fitter	<input type="checkbox"/>	Electrical Cable jointer	<input type="checkbox"/>
<b>2. 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>3. 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>4. 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.			
Signature of Applicant		On (Date)	
<b>FOR OFFICE USE ONLY</b>			
Receipt Number:		Date:	Amount:
Received by:			

5. Supporting documents	
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 in the trade work of an <b>Electrical Mechanic</b> (Statutory Declaration SD01 available from the Board's website) <b>AND/OR</b> Evidence of 12 months practical experience in the trade work of an <b>Electrical Fitter</b> during the apprenticeship, such as a Statutory Declaration from your employer (Form SD02), <b>AND/OR</b> Reference letters (detailing work undertaken and dates of employment)	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>
A copy of your final profile report (in colour). Refer to Publication 09 – "Electronic Profiling for Apprentices" on the Board's website, for further information.	<input type="checkbox"/>
The prescribed fee	<input type="checkbox"/>
6. Privacy Statement	
The Electrical Workers and Contractors Licensing Board complies with the Information Privacy Principles scheduled to the <i>Information Act 2002</i> .	

7. Payment options		
<input type="checkbox"/> Cash – for lodgement <b>over the counter only</b>		
<input type="checkbox"/> Cheque - payable to <b>RTM (Receiver of Territory Money)</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	

## 8. Lodgement options

Applications may be lodged at a Territory Business Centre near you:

### **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](mailto: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](mailto:territorybusinesscentre@nt.gov.au)

### **Tennant Creek**

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 [territorybusinesscentre@nt.gov.au](mailto: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](mailto:territorybusinesscentre@nt.gov.au)

**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:

<b>Statutory Declaration</b> <b>Work History Summary</b> (For evidencing on-the-job experience of a person applying for a licence as an Electrical Mechanic)	
<b><i>Oaths, Affidavits and Declarations Act 2010</i></b>	
I, (name of supervisor)	
Holder of licence number	A Electrical (Unrestricted) – Electrical Mechanic
Of (Company/Business name)	
Have supervised and trained	Name of applicant
Holder of registration number	Apprentice Registration
For a period of ..... months from ...../...../..... to ...../...../.....	
In the following types of electrical installations:	
(Print <b>Yes</b> or <b>No</b> . Ticks are not acceptable) If answering <b>Yes</b> , provide details of where and when such experience was gained	<b>Yes / No</b>
Domestic house installations	
Domestic unit installations	
Office installations	
Shop installations	
Multi story installations	
Warehouse installations	
Industrial installations	
Caravan park installations	
Mining installations	
Supply Authority infrastructure (Sub-stations, switching stations, cable jointing etc)	
<b>Declared by (Name of Supervisor):</b>	
<b>Signature of Supervisor:</b>	<b>Date:</b>
Signature of Witness with Name and contact details	

**Declaration Page 1 of 3**

<b>Statutory Declaration</b> <b>Work History Summary</b> (For evidencing on-the-job experience of a person applying for a licence as an Electrical Mechanic)		
<b><i>Oaths, Affidavits and Declarations Act 2010</i></b>		
Name of Applicant		
(Print <b>Yes</b> or <b>No</b> . Ticks are not acceptable.)		<b>Yes / No</b>
<b>And has been workplace trained in the following areas:</b>		
Accessing and interpreting information using AS3000		
Referencing other Australian Standards		
Planning electrical installation work		
Calculating maximum demands in mains, sub-mains & final sub-circuits		
Selection of cables using AS3008.1.1		
Selection of cables for final sub-circuits		
Selection of cables for mains and sub-mains		
Installation of underground cables & ducts		
Installation of conduits in concrete slabs		
Installation of cable ducting		
Installation of cable ladder		
Installation of final sub-circuit cabling		
Installation of mains and sub-mains		
Installation of fire rated cabling		
Installation of circuits in class I or II hazardous areas		
Selection of earthing conductors		
Installation of main earthing conductors		
Installation of earth electrodes		
Selection of switchboard equipment		
Selection of circuit protection devices		
Assembling of switchboards		
Installation of switchboards		
Termination of circuit protective devices		
Termination of Residual Current Devices (RCDs)		
<b>Declared by (Name of Supervisor):</b>		
<b>Signature of Supervisor:</b>		<b>Date:</b>
Signature of Witness with Name and contact details		
<b>Declaration Page 2 of 3</b>		

<b>Statutory Declaration</b> <b>Work History Summary</b> (For evidencing on-the-job experience of a person applying for a licence as an Electrical Mechanic)			
<b><i>Oaths, Affidavits and Declarations Act</i></b>			
Name of Applicant:			
(Print <b>Yes</b> or <b>No</b> . Ticks are not acceptable.)			<b>Yes / No</b>
Termination of earthing conductors at switchboards			
Termination of mains, sub-mains and final sub-circuits at switchboards			
Installation and termination of Supply Authority metering			
Assembling of electrical articles. (fans, light fittings etc)			
Termination of final sub-circuits			
Termination of earthing conductors at switchboards			
Termination of MEN connections			
Insulation testing of mains, sub-mains and final sub-circuits			
Continuity testing of mains, sub-mains and final sub-circuits			
Polarity testing of mains, sub-mains and final sub-circuits			
Testing RCDs			
Calculating Earth Loop Impedance of mains, sub-mains and final sub-circuits			
Commissioning of mains, sub-mains and final sub-circuits.			
Inspection of installations for compliance with AS 3000			
Other:			
And I make this solemn declaration by virtue of the <i>Oaths, Affidavits and Declarations Act 2010</i> and conscientiously believing the statements contained in this declaration to be true in every particular. I acknowledge that a person wilfully making a false statement in a statutory declaration is guilty of an offence and is liable to a penalty or imprisonment, or both.			
Declared at (place)			On (date)
<b>Signature of Supervisor</b>			
Before me		Name of Witness with contact address or phone number	
Signature of Witness			