



**ELECTRICAL CONTRACTOR LICENCE
APPLICATION BY A PARTNERSHIP OR COMPANY**

Business Details				Select
Partnership				<input type="checkbox"/>
Company/Incorporated Body				<input type="checkbox"/>
Association/Unincorporated Body				<input type="checkbox"/>
Licence Term				
Select the term of licence you are applying for:				
<input type="checkbox"/> 1 Year		<input type="checkbox"/> 2 Years		<input type="checkbox"/> 3 Years
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				
Applicant Details				
Entity Name				
ACN (in case of company)		Registration No. (in case of Association)		
ABN				
Business Address				
Postal Address				
Telephone		Mobile		
Email				
Does the entity intend to use a Business or Trading name? (if Yes, provide details below)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Business details (if applicable)				
Registered business / trading name				
Registered business / trading Number		Last registration date		
FOR OFFICE USE ONLY				
Receipt Number		Date:	Amount:	
Received by				

5. Directors / Partners			
Full name			
Capacity (position held)			
Address			
Full name			
Capacity (position held)			
Address			
Full name			
Capacity (position held)			
Address			
Full name			
Capacity (position held)			
Address			
6. Nominee Details			
Full Name			
NT Licence number	A	Expiry Date	
Nominee Signature			
Full Name			
NT Licence number	A	Expiry Date	
Nominee Signature			
Full Name			
NT Licence number	A	Expiry Date	
Nominee Signature			
7. 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	<input type="checkbox"/>		
To be supplied by Nominee:			<input type="checkbox"/>
- Copy of current NT Electrical Worker licence endorsed Electrical Mechanic and			<input type="checkbox"/>
- Evidence of 2 years recent experience in performing and supervising electrical installation work (it 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) and			<input type="checkbox"/>
- Either evidence of completion of approved Electrical Contractors course or proof of having been a technical nominee on a contractor licence within the last 3 years (photocopy of front and back of the card)			<input type="checkbox"/>
The prescribed fee	<input type="checkbox"/>		

8. Declaration

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 (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

On (Date)

6. Payment options		
<input type="checkbox"/> Cash – for lodgement over the counter only		
<input type="checkbox"/> Cheque - payable to RTM (Receiver of Territory Monies)		
<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		
7. Lodgement options		
Applications can be lodged at a Territory Business Centre with the prescribed fee at:		
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	