



and print with **BLOCK LETTERS**

Request for Renewal of Designation as an Inspector (Electricity)

Applicant Details	Mr Mrs Ms	Given Names:	Last Name:
	Home Phone No: Work Phone No:		Mobile No: Fax No:
	Email - Work: Home:		
	Address:		Postcode:
	EW Licence No:		Expiry Date:
	Job Title:		Electrical Inspector No:
	Base work location:		
	I would like to apply for the following category of designation: ☐ Electrical Installation Inspector (Network Operator) ☐ Electrical Licence Inspector (Trade Union) ☐ Electrical Inspector (Building and Energy) I agree to comply with the conditions specified on the issued Certificate of Designation and the Code of Practice for Inspectors (Electricity) in WA. I have not been convicted of any offence involving theft, fraud, dishonesty, drug trafficking, sexual act or violence, since my previous application. ☐ National Police Clearance certificate is enclosed (Valid within 3 months of application). Applicant Signature: Date:		
Supporting Evidence	Attached to this application are copies of: ☐ Confirmation that applicant is a full time employee of a trade union (for Electrical Licence Inspectors only)		

Employer Details	Company / Business Name:	ACN:
	Address:	Postcode:
	I endorse this application on behalf of the employer. I certify that the applicant: • has been assessed as competent in the carrying out of electrical inspections; • has adequate skills and knowledge to carry out electrical installation inspections to an acceptable standard; and • fully understands this network operator's Inspection System Plan and Policy Statement, and related policies and procedures.	
	I certify that the applicant's employer has at least \$5M general liability insurance. Signature: Date: Name: Position: Phone: Email:	

Send to: **Director of Energy Safety or
Building and Energy
Locked Bag 100
East Perth WA 6892**

**Complete/sign and email to -
Director of Energy Safety
EGPGeneralAdmin@demirs.wa.gov.au**

FOR BUILDING AND ENERGY USE ONLY		
Information Checklist	☐ Electrical Licence ☐ Formal qualifications ☐ National police clearance ☐ Employer supporting documentation	Comments:
	All required information provided	
	Signature Date:	