Department of **Local Government, Industry Regulation and Safety**

GOVERNMENT OF WESTERN AUSTRALIA

Building and Energy Western Australia

When completed, this form is classified as OFFICIAL Sensitive.

Privacy Collection Notice: The personal information you provide will be used by the Department of Local Government, Industry Regulation and Safety for the purpose of processing your application for Designation as an inspector under relevant electrical safety laws.
View the full details of the Privacy Collection Notice here: Electricity network safety WA

USE BLACK INK 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:	