



Please see the back of the form for additional information.
Please print clearly in black or blue pen and complete all required sections of the form.

ORG Number

DETAILS OF APPLICANT

Company Name

Street Address of registered office

Postcode

Phone

Postal Address if different from above

Postcode

Fax

Name of 'Responsible Person'

Phone

Mobile

Email

WHAT ARE YOU APPLYING FOR

1. To be licensed in the following types of electrical work:

Domestic

Commercial/Industrial

Works

Work on live electrical systems

Servicing

Other (specify)

2. This application is

First time issue

Renew current employer licence

INFORMATION SUPPORTING THE APPLICATION

3. Site Details – Location where workers covered by this licence will operate.

Contact Name

Position Held

4. Documentation – You MUST provide a full copy of your systems of operation manual at the time of application, you must also have a fully maintained and controlled copy of this manual available for inspection at all times by the Registrar of the Electrical workers Registration Board or his/her representative.

The manual is located at

5. Please ensure you attach a current audit certificate as required under section 115 (1) (a) and (b) of the Electricity Amendment Act 2006.

PAYMENT FOR \$1,235.00 LICENCE FEE (includes GST)

6. We do not accept purchase orders, cash or cheques:

Credit card (Credit card information completed, see below)

DECLARATION

I certify that the information that I have provided is correct and that I have read, understood, and adhere to the Electricity [Safety] Regulations 2010.

Signature

Date

/

/

HOW TO COMPLETE YOUR APPLICATION

1. Provide the name of company that the licence will directly apply to.
2. Provide a physical location and a postal address.
3. Indicate the main and subsidiary locations from which those people carrying out prescribed electrical work under this licence will operate.
4. Name, signature and designation of person authorised to submit application, (e.g., Chief Executive, Manager, Owner, or other person authorised to sign on his or her behalf.

CHECKLIST

Have you attached your:

- \$1,235.00 fee (per year)
- current audit certificate
- copy of your systems of operation manual

CREDIT CARD INFORMATION

Type

MasterCard

Visa

Full Name of Cardholder

Credit Card number

Signature of Cardholder

Expiry Date

CVC

Amount

/

CHANGES TO COMPANY DETAILS

If your contact details have changed (such as your address or phone or email) please let us know by complete the following:

New address

Tick the type of new address you are providing

Postal

Street

Other (Specify)

Postcode

New Phone

Tick the type of new phone number you are providing

Daytime

Evening

Mobile

New Email

Please return this form with payment to: Electrical Workers Registration Board,
PO Box 1473, Wellington 6140, New Zealand



Te Kāwanatanga o Aotearoa
New Zealand Government

For more help, call our helpline on 0800 661 000 between 8.30am and 5pm Monday to Friday.

Privacy Notice: Any personal information submitted on this application will be kept and maintained by the Electrical Workers Registration Board ("the EWRB") in accordance with the New Zealand Privacy Act 2020. Personal information submitted will be used by the EWRB for determining whether applications for registration as an electrical worker or practicing licences may be granted, and for the maintenance and administration of the Electrical Workers Register. You may request access to see any information held about you and where that information is inaccurate, ask for it to be corrected.