

ELECTRICAL CONTRACTOR LICENCE APPLICATION

Payment Card Industry Data Security Standards prevent the use of credit card information sent through email or fax. A Client Service Representative will contact you within three business days to complete any payment process required.

Note: Technical Safety BC collects your personal information for the purpose of administering permits and other activities under the *Safety Standards Act* and may need to disclose this information to entities such as utilities, provincial agencies and municipalities.

By submitting this form you are consenting to the disclosure described above.

Any personal information collected is handled in accordance with the British Columbia *Freedom and Protection of Privacy Act*. If you have questions about the collection, use, or disclosure of this information, contact the Records, Information and Privacy Analyst for the Technical Safety BC at 1-866-566-7233.

SAFETY STANDARDS ACT AND REGULATIONS SURETY BOND

Bond in the amount of \$10,000 must be provided by a surety, licensed under the insurance act and bound to BC Safety Authority.

For a new application, include the **original** bond bearing principal's signature and insurer's signature and seal.

For any changes to an existing bond or for a change in the bond insurer, the **original** bond bearing principal's signature and insurer's signature and seal must be filed with Technical Safety BC.

A. Applicant (please PRINT clearly):

The name specified on the bond documents must be the same as the Company Name provided on this application.

Company Name:

Company

Address:

Mailing Address:

(If different from above)

Business Phone:

Mobile Phone:

Fax Number:

Email (Optional):

Contact Preference:

Mail Email Other _____

Technical Safety BC provides an online list of all active contractors within the Province of B.C. for the convenience of the general public.

Tick this box to be EXCLUDED from the online list: . View list at: <https://www.technicalafetybc.ca/find-contractor>.

Owner/ Contact Name:

Owner/ Contact Title:

Owner/ Contact Phone:

Owner/Contact Email (Optional):

Billing Contact (please select one): Company

Other (provide name and address):

Owner/Contact

BC Business Registration #:

Worksafe BC Registration #:

B. Field Safety Representative (FSR) for the Electrical Contractor

FSR Name:

FSR Class(es):

FSR Registration No.:

C. DECLARATIONS

I declare that the information provided here is true and correct. I have read and understood my duties, requirements and restrictions under the *Safety Standards Act*, *Safety Standards General Regulation* and the *Electrical Safety Regulation* as a licensed electrical contractor. I hereby appoint the person stated in Section B to be the Field Safety Representative (FSR) on this licence. I have confirmed that the FSR is employed or contracted by me to be the designated FSR on this licence. I have further confirmed that the named FSR is registered as a Field Safety Representative and holds a valid and subsisting FSR Certificate of Qualification with the class(es) as noted.

Owner/Contact Signature:

Date: MM DD YYYY

D. Office Use Only

Processed By:

Licence #:

Document or File #:

Technical Safety BC is working towards going paperless! Participate by signing up for email correspondence.