

Annexure 3
DEPARTMENT OF LABOUR
OCCUPATIONAL HEALTH AND SAFETY ACT, 1993 (ACT NO. 85 OF 1993)
APPLICATION FOR REGISTRATION AS ELECTRICAL CONTRACTOR

Department of Labour (see list below for addresses)	R120,00
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Sir/Madam

I hereby apply to be registered as an electrical contractor in terms of regulation 6(2) of the Electrical Installation Regulations, 2009. I declare that the particulars given hereunder are, to the best of my knowledge and belief, correct.

1. PARTICULARS OF APPLICANT:

SURNAME OF APPLICANT:.....

NAME OF APPLICANT:.....

ID NO. OF APPLICANT:.....

REGISTERED NAME

TRADING NAME:.....

State whether your business is: **SOLE PROPRIETOR/PARTNERSHIP/COMPANY/CLOSE CORPORATION** (delete which is not applicable).

WRITE DOWN YOUR BUSINESS REGISTRATION No.:.....

IN WHICH PROVINCE IS YOUR BUSINESS SITUATED?.....

PHYSICAL ADDRESS:.....

.....POSTAL CODE:.....

POSTAL ADDRESS:.....

.....POSTAL CODE:.....

TEL No.:.....CELL No.:.....

FAX No.:.....Email:.....

2. STATE TYPE OF REGISTRATION YOU HAVE:

(a) ELECTRICAL TESTER FOR SINGLE PHASE **YES/NO**
ETSP No.:.....

(b) INSTALLATION ELECTRICIAN **YES/NO**
IE No.:.....

(c) MASTER INSTALLATION ELECTRICIAN **YES/NO**
MIE No.:.....

3. WHERE REGISTERED PERSON(S) IS/ARE EMPLOYED ON A FULL-TIME BASIS, COMPLETE THE FOLLOWING: (Section 3 can be filled in as many times as the number of registered person/s employed by the business). Notify the chief inspector in case of any changes.

SURNAME OF REGISTERED PERSON:.....

NAME/S OF REGISTERED PERSON:.....

ID NUMBER OF REGISTERED PERSON:.....

TYPE OF REGISTRATION: TSP/IE/MIE (delete which is not applicable)

REGISTRATION NUMBER:.....DATE ISSUED:.....

4. IN SUPPORT OF YOUR APPLICATION, PLEASE SUBMIT THE FOLLOWING:

- (a) Certified copy of your ID and, where applicable, certified copies of ID's of registered person(s);
- (b) Certified copy of business registration No.;
- (c) Certified copy of the relevant registration certificate(s) (both sides)

Signature of the applicant:.....Date:.....

FOR OFFICE USE ONLY

Application: **APPROVED/NOT APPROVED**

Reason/s for refusal:.....

Signature:..... Designation:.....

Registration No.: Renewal date:

Date:

The banking details are as follow:

- Account holder: Department of Labour
- Bank: First National Bank
- Account number: 62025135577
- Branch code: 253145
- Reference: OHS: EIR – (name of electrical contractor).

Note: R120 per year up to three years (The electrical contractor may register for a maximum period of three years.).

Provincial office	Telephone number	Street address	Postal address
East London	043 701 3128/3283	3 Hill Street East London	Private Bag X9005 East London 5201
Bloemfontein	051 505 6200/6358/ 6235/6260	Laboria House 43 Maitland Street Bloemfontein	P.O. Box 522 Bloemfontein 9300
Johannesburg	011 223 1095/1000	1 st Floor 145 Nedbank Building Corner Commissioner and Small Street (entrance in Small street)	P.O. Box 4560 Johannesburg 2000
Pretoria	012 309 5000/8	Concillium Building Cnr. Skinner and Andries Streets Pretoria	P.O. Box 393 Pretoria 0001
Durban	031 366 2000/2104	11 th Floor Royal Building 267 Anton Lembede Street Durban	P.O. Box 940 Durban 4000
Polokwane	015 290 1744/1725	42A Schoeman Street Polokwane	Private Bag X9368 Polokwane 0700
eMalahleni	013 655 8700	Labour Building Cnr. Hofmeyer Street and Beatty Avenue Witbank	Private Bag X7263 Witbank 1035
Mmabatho	018 387 8100/8145	2 nd floor Provident House	Private Bag X2040 Mmabatho

		University Drive Mmabatho	2735
Kimberley	053 838 1500/1505/ 1605	Cnr. Compound and Pniel Road Kimberley	Private Bag X5012 Kimberley 8300
Cape Town	021 441 8000/8086	4 th – 6 th floors West Bank Building Cnr. Riebeeck and Long Streets Cape Town	P.O. Box 872 Cape Town 8000