



APPLICATION FORM

THIS INFORMATION IS CONFIDENTIAL TO SAFE ELECTRIC

Please use BLOCK CAPITALS throughout

1 APPLICANT

1.1 Company

1.2 Name

2 Business address

..... Eircode

Tel Fax

Mobile Email

Website

3 If applicant was previously registered, **or is re-joining**, please give old registration number

Number

For Office Use

Initials

Order number

Date checked

Date acknowledged

Application fee received Yes No

Qualifications received Yes No

Has Wiring Rules Yes No

Has test instruments Yes No

Insurance Yes No

4 FURTHER DETAILS OF APPLICANT

4.1 Is it a Limited Liability Company Yes No

4.2 Is it a Partnership Yes No

4.3 Names of Partners/Directors (if applicable)

5 BUSINESS DETAILS

5.1 Nature of Business
Electrical Contracting Yes No If No, what % of your work is electrical

Other (specify)

Please tick the relevant box(es) below of the type of work carried out:

- | | | | |
|---------------------------------------|---|---|--|
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Fire Alarms | <input type="checkbox"/> Street Lighting | <input type="checkbox"/> Emergency Lighting |
| <input type="checkbox"/> PAT Testing | <input type="checkbox"/> Industrial | <input type="checkbox"/> Datacoms Wiring | <input type="checkbox"/> Lighting Protection |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Industrial Control Systems | <input type="checkbox"/> Security Systems | <input type="checkbox"/> Generators |
| <input type="checkbox"/> Domestic | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Periodic Inspections | <input type="checkbox"/> Change-over switches for generators |
| | | | <input type="checkbox"/> Solar Photovoltaic Systems |
| | | | <input type="checkbox"/> Electric Car Charging Points |
| | | | <input type="checkbox"/> Pre-Pay Meters |

5.2 Give name of Public Liability Insurers (and Employers Liability if you are an employer). Please provide a copy of Insurance Certificate with the Application Form

5.3 Number of electricians permanently employed

6 DECLARATION OF INTERESTS

Please state any interests or involvement with any Safe Electric personnel

7 SAFETY REQUIREMENTS

7.1 Do you possess a copy of and have full knowledge of the National Rules for Electrical Installations current edition Yes No

7.2 Do you possess and use test equipment required to comply with the CER Criteria Document CER/16/001 Section C 1.2.20

Insulation Tester	<input type="checkbox"/> Yes <input type="checkbox"/> No	Earth Loop Impedance Tester	<input type="checkbox"/> Yes <input type="checkbox"/> No
Continuity Tester	<input type="checkbox"/> Yes <input type="checkbox"/> No	RCD Tester	<input type="checkbox"/> Yes <input type="checkbox"/> No

8 UNDERTAKINGS

8.1 Do you undertake to ensure that the standard of your electrical installation work always conforms with the current National Rules for Electrical Installations Yes No

8.2 Do you and your Qualified Certifier (if applicable) agree to observe and follow the Rules of Registration of Safe Electric Yes No

- 8.3** Do you and your Qualified Certifier clearly understand the circumstances under which registration with Safe Electric may be cancelled Yes No
- 8.4** Have you or your Qualified Certifier previously applied to or been accepted by the Register of Electrical Contractors of Ireland Yes No
If yes, please give details and dates
- 8.5** Has any other regulatory body taken disciplinary action against you Yes No
If yes, please give details and dates
- 8.6** As part of its evaluation process, Safe Electric may consult with any other body concerning the applicant Yes No
- 8.7** Are you a member in any other organisation in connection with your electrical contracting activity (e.g. AECl, ECA) Yes No
If yes, please give details
- 8.8** You agree to be bound to the CER Criteria Document CER/16/001 Yes No
- 8.9** You agree that disclosure of your data to third parties is not permitted, save where the data may be lawfully disclosed to the CER and related third parties in connection with Safe Electric's obligations as an Electrical Safety Supervisory Body or where required by law (e.g. for the prevention / investigation of crime / injuries to persons) Yes No

9 QUALIFIED CERTIFIER (Note: The Qualified Certifier is an employee or principal of the REC who is available on full time basis and responsible on a day to day basis for the safety, technical standard and quality of electrical installation work)

9.1 Full Name (Block Capitals) Signature

Mobile Number Email

Technical Courses attended with dates (please include documentary evidence of your electrical qualifications and your Verification and Certification course results with your application)
.....
.....

9.2 Employment History of Qualified Certifier (Please begin with apprenticeship details up to present day)

Name of Employer

Address Telephone

Dates: From To

Further Employment Dates	Company	Position
.....
.....
.....

Details of other relevant employments

9.3 Are you an acting Qualified Certifier for any other Registered Electrical Contractor Yes No
If yes, please state your QC Number

10 PRINCIPAL DUTY HOLDER (Note: The Principal Duty Holder has responsibility for all matters relating to registration and is the primary point of contact with Safe Electric.)

Full Name

Position in company

I/We, hereby declare that all the information given in this Application Form is correct to the best of my/our knowledge and belief (wilfully misleading information will be grounds for expulsion). I/We hereby undertake if registered to regularly observe the Rules of the Register of Electrical Contractors of Ireland (available on the Safe Electric Website – 'How to Join Safe Electric' section).

Do you agree to receive regular communications, reminders and notifications from Safe Electric by email in relation to your membership Yes No

Email address

Signed by Principal Duty Holder

For and on behalf of Company Date