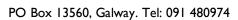
SAFE ENERGY IRELAND





APPLICATION FORM

THIS INFORMATION IS CONFIDENTIAL TO SAFE ENERGY IRELAND

(*) Mandatory fields

| Plea | ase use BLOCK CAPITALS throughout | Number | | | | | |
|--|---|--|--|--|--|--|--|
| 1 | APPLICANT | For Office Use | | | | | |
| | I.I *Company | Initials | | | | | |
| | I.2 *Name | Order number | | | | | |
| 2 | *Business address | Date checked | | | | | |
| | | Date acknowledged | | | | | |
| | EIR Code*Tel*Mobile | Application fee received Yes No | | | | | |
| | Website | Qualifications received Yes No | | | | | |
| | *Email | Has Wiring Rules Yes No | | | | | |
| | (Communications will be forward to this address) | Has test instruments Yes No | | | | | |
| 3.1 | *Have you been previously Registered Yes No (if Yes, Note File No) | Insurance Yes No | | | | | |
| 3.2*Have you applied before Yes No (if yes, Note Application No) | | | | | | | |
| 4 FURTHER DETAILS OF APPLICANT | | | | | | | |
| | 4.1 *Is it a Limited Liability Company 4.2 *Is it a Partnership Yes No Yes No | | | | | | |
| | | | | | | | |
| 4.3 *Names of Partners/Directors (if applicable) | | | | | | | |
| 5 | 5.1 *Nature of Business | | | | | | |
| | | | | | | | |
| | | lo, what % of your work is electrical% | | | | | |
| | Other (specify) | | | | | | |
| | 5.2 *Date of start of business in Electrical Contracting | | | | | | |
| | 5.3 *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 | | | | | | |
| | 5.4 *Total Number of electricians employed including apprenticeships | | | | | | |
| 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 current CER Criteria Document | | | | | | |
| | Section C | | | | | | |
| | Insulation Tester Yes No Earth L | oop Impedance Tester Yes No | | | | | |
| | Continuity Tester Yes No RCD T | ester Yes 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 | | | | | | |
| | 8.2 Do you and your Qualified Certifier (if applicable) agree to obse Rules of Registration of Safe Electric | rve and follow the 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 | 8.4 Have you or your Qualified Certifier previously applied to or been accepted by | | | | | | |
|---|--|--|--|---|----------------------|--|--|
| | SAFE ENERGY IRELAND | | | | Yes No | | |
| | If yes, please give details and dates | | | | | | |
| 8.5 | Has any other regulatory body taken disciplinary action against you | | | | | | |
| | 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 | | | | | |
| 8.8 | You agree to be bound to the Current version of CER Criteria Document 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 | *QU | ALIFIED CERTIFIER | | er is a full time employee or owner of the safety, technical standard and quality of ele | | | |
| | 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 | 9.2 Employment History of Qualified Certifier (Please begin with apprenticeship details up to present day) | | | | | |
| | | Name of Employer | | | | | |
| | | Address | | Telephone | | | |
| | | Dates: From | | То | | | |
| | | Further Employment | | | | | |
| | | Dates Co | mpany | Position | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Details of other relevant emp | loyments | | | | |
| | 9.3 | Are you an acting Qualified C | ertifier for any other Registered E | lectrical Contractor | Yes No | | |
| 10 | *PRII | NCIPAL DUTY HOLDE | R | | | | |
| | Full Name | | | | | | |
| | Position in company | | | | | | |
| | (Note: | The Principal Duty Holder has respons | ibility for all matters relating to registration | n and is the primary point of contact with | Safe Energy Ireland) | | |
| 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 so registered to regularly observe the Rules of Safe Energy Ireland (available on the Safe Electric Website – 'Join Safe Electric' section). | | | | | | | |
| I/we, hereby agree to receive and address any queries related to my application/membership such as regular communications, | | | | | | | |
| reminders and notifications from Safe Electric by email. *Yes | | | | | | | |
| Signed by Principal Duty Holder | | | | | | | |
| For and on behalf of Company | | | | | | | |