

1. ELECTRICAL CONTRACTOR / REGISTERED PARTY CONTACT DETAILS

REGISTERED PERSON AND/OR COMPANY OWNER

FIRST NAMES: _____ SURNAME: _____

- YOUR REGISTRATION TYPE:
- ELECTRICAL TESTER FOR SINGLE PHASE (ETSP)
 - INSTALLATION ELECTRICIAN (IE)
 - MASTER INSTALLATION ELECTRICIAN (MIE)
 - I EMPLOY REGISTERED PERSONS AND AM NOT QUALIFIED MYSELF

DOL REGISTRATION NUMBER: _____ ID NUMBER: _____

REGISTERED CONTRACTOR

REGISTERED COMPANY: _____ YEAR COMPANY ESTABLISHED: _____

TRADING NAME: _____ CIPC COMPANY NUMBER: _____

COMPANY TYPE: SOLE PROPRIETOR / PARTNERSHIP / COMPANY / CLOSE CORPORATION VAT NUMBER: _____

DOL CONTRACTOR NUMBER: _____ BARGAINING COUNCIL NUMBER: _____

PHYSICAL ADDRESS: _____

_____ PROVINCE: _____ POSTAL CODE _____

POSTAL ADDRESS: _____

_____ PROVINCE: _____ POSTAL CODE _____

E-MAIL: _____ TEL: _____ MOBILE: _____

TO VERIFY YOUR DETAILS PLEASE INCLUDE THE FOLLOWING INFORMATION:

1. Certified copy of your ID and, where applicable, certified copies of ID's of registered person(s);
2. Certified copy of business registration documents.;
3. Certified copy of the Registered Party certificates for all people listed here (both sides)
4. Certified copy of your DOL Contractor Registration certificate as an electrical contractor

2. REGISTERED PERSON(S) EMPLOYED ON A FULL-TIME BASIS

PERSON 1:

FIRST NAMES: _____ SURNAME: _____

YOUR REGISTRATION TYPE:

- ELECTRICAL TESTER FOR SINGLE PHASE (ETSP)
 INSTALLATION ELECTRICIAN (IE)
 MASTER INSTALLATION ELECTRICIAN (MIE)

DOL REGISTRATION NUMBER: _____ ID NUMBER: _____

PERSON 2:

FIRST NAMES: _____ SURNAME: _____

YOUR REGISTRATION TYPE:

- ELECTRICAL TESTER FOR SINGLE PHASE (ETSP)
 INSTALLATION ELECTRICIAN (IE)
 MASTER INSTALLATION ELECTRICIAN (MIE)

DOL REGISTRATION NUMBER: _____ ID NUMBER: _____

PERSON 3:

FIRST NAMES: _____ SURNAME: _____

YOUR REGISTRATION TYPE:

- ELECTRICAL TESTER FOR SINGLE PHASE (ETSP)
 INSTALLATION ELECTRICIAN (IE)
 MASTER INSTALLATION ELECTRICIAN (MIE)

DOL REGISTRATION NUMBER: _____ ID NUMBER: _____

PERSON 4:

FIRST NAMES: _____ SURNAME: _____

YOUR REGISTRATION TYPE:

- ELECTRICAL TESTER FOR SINGLE PHASE (ETSP)
 INSTALLATION ELECTRICIAN (IE)
 MASTER INSTALLATION ELECTRICIAN (MIE)

DOL REGISTRATION NUMBER: _____ ID NUMBER: _____

For additional employed registered parties please copy this page and submit.

3. CONSENT STATEMENT

As a Registered Party or Registered Contractor I have read and agree to the following:

- * As a qualified and registered professional of the electrical sector, I agree to abide by the requirements of the Occupational Health and Safety Act, (Act 85 of 1993) and all of the applicable regulations and safety standards prescribed, particular to electrical installations, such as the Electrical Installation Regulations, SANS10142-1 and any other regulations that may be relevant to the type of work that I undertake.
- * I agree to follow the design and specification of the electrical design engineer and any instructions from other professional parties appointed by the client, or from the client themselves providing that any such instruction does not conflict with any statutory requirements contained in the documents described above including that of the designer and the laws of the Republic of South Africa.
- * I have possession of the necessary tools, regulations, prescribed codes and access to the prescribed product standards if and when required, including all prescribed test equipment required to carry out the necessary tests as prescribed in the standards.
- * I will ensure that general control by a registered person be exercised over all electrical installation work.
- * I will utilise only approved electrical material and install them in terms of the manufacturer's instructions.
- * I will, whenever possible, carry ECB Listing card to present to my clients as proof of my DOL registration.
- * I will issue Certificates of Compliance (CoCs) for all installation work as required by law.
- * I will, whenever possible, use the ECB CoC & Test Report, either in hard copy format or electronic.
- * NOTE: Purchasing of paper copies of CoCs can be collected or couriered, at your own cost, from our Silverton office or directly from approved wholesalers around the country. Please contact us for a full list.
- * NOTE: If you have purchased ECB electronic CoCs and your registration certificate with the ECB or DOL expires, and you still have credits, these will be suspended until you have renewed your registrations and the ECB has received your new certificates as proof of registration.
- * Should the occasion arise, I agree to allow my work to be inspected and tested by an Authorised Inspection Authority or an ECB appointed inspector. If faults or non-compliance, in accordance with standards and law, are detected the cost for rectifying the faults will be carried by the defaulter.
- * The ECB may list my trading information with various organisations as they see fit.
- * I realise that the ECB Listing is an annual registration and agree to remain in good standing.

Signature of Registered Person/Company Owner: _____ Date: _____

FOR OFFICE USE ONLY

APPROVED / NOT APPROVED

Reason(s) for refusal: _____ Date: _____

PLEASE EMAIL ALL APPLICATIONS TO info@ecbsa.co.za