



# 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 .....

.....

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) .....

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 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 a full time employee or owner of the company 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

**10 PRINCIPAL DUTY HOLDER**

**Full Name** .....  
**Position in company** .....

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

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 the Register of Electrical Contractors of Ireland (available on the Safe Electric Website – '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** .....