

Annexure 6
DEPARTMENT OF LABOUR
OCCUPATIONAL HEALTH AND SAFETY ACT, 1993 (ACT NO. 85 OF 1993)
APPLICATION FOR DUPLICATE CERTIFICATE ISSUED IN TERMS OF THE
ELECTRICAL INSTALLATION REGULATIONS, 2009

Department of Labour Occupational Health and Safety Private Bag X117 Pretoria 0001	R120,00
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Sir/Madam

I hereby apply for a duplicate certificate of registration issued to me in terms of regulation 13(2), of the Electrical Installation Regulations, 2009. I declare that the particulars given hereunder are, to the best of my knowledge and belief, correct.
 (*delete which is not applicable).

1. PARTICULARS OF APPLICANT:

SURNAME OF APPLICANT:.....

NAME OF APPLICANT:.....

ID No. OF APPLICANT:.....

PHYSICAL ADDRESS:.....

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

POSTAL ADDRESS:.....

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

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

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

2. SCOPE OF APPROVAL:

- (a) REGULATION 11(2): ELECTRICAL TESTER FOR SINGLE PHASE
- (b) REGULATION 11(2): INSTALLATION ELECTRICIAN
- (c) REGULATION 11(2): MASTER INSTALLATION ELECTRICIAN

3. IN SUPPORT OF THIS APPLICATION, PLEASE SUBMIT THE FOLLOWING:

- (a) Certified copy of ID
- (b) Two clear identical photographs of 40 mm by 30 mm showing face and shoulders of applicant
- (c) Number of the lost, damaged or destroyed certificate.

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

4. AFFIDAVIT

SPECIMEN SIGNATURE OF APPLICANT

Note — The specimen signatures should be the normal signature of the applicant and should be carefully completed. One specimen will be affixed to each certificate of registration that may be issued.

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FOR OFFICE USE ONLY

Application: **APPROVED/NOT APPROVED**

Reason/s for refusal:.....

Signature:.....

Designation:.....

Registration No.:.....

Date:.....