

Annexure 2
DEPARTMENT OF LABOUR
OCCUPATIONAL HEALTH AND SAFETY ACT, 1993 (ACT NO. 85 OF 1993)
APPLICATION FOR APPROVAL AS APPROVED INSPECTION AUTHORITY FOR
ELECTRICAL INSTALLATIONS

Department of Labour Occupational Health and Safety Private Bag X117 Pretoria 0001	R120, 00
-----------------------------------------------------------------------------------------------------------------------------------	-----------------

Sir/Madam

I hereby apply to be approved as an approved inspection authority for electrical installations in terms of regulation 3(2) of the Electrical Installation Regulations, 2009. I declare that the particulars given hereunder are, to the best of my knowledge and belief, correct.

1. PARTICULARS OF THE APPLICANT:

SURNAME OF APPLICANT:.....

NAME OF APPLICANT:.....

ID NO. OF APPLICANT:.....

REGISTERED NAME

TRADING NAME:.....

State whether your business is: **SOLE PROPRIETOR/PARTNERSHIP/COMPANY/CLOSE CORPORATION**
(delete which is not applicable).

BUSINESS REGISTRATION No.:.....

IN WHICH PROVINCE IS YOUR BUSINESS SITUATED?.....

PHYSICAL ADDRESS:.....

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

POSTAL ADDRESS:.....

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

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

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

2. SCOPE OF APPROVAL (Tick appropriate block(s)):

(a)	Electrical tester for single phase	
(b)	Installation electrician	
(c)	Master installation electrician	

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

- (a) Certified copy of your ID of registered person(s);
- (b) Certified copy of business registration No.
- (c) Certified copy of a registration certificate of registered persons (both sides)
- (d) Certified copy of accreditation certificate from accreditation authority.

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

FOR OFFICE USE ONLY

Application: **APPROVED/NOT APPROVED**

Reason/s for refusal:.....

Signature:..... Designation:.....

Registration No.:..... Renewal date:

Date:.....