Form 39

Completion Statement by Supervising Registered Training Organisation and Employer (For an electrical work licence application other than apprentice)

V8.03-2013

Electrical Safety Act 2002					
Section 1 - Applicant details					
Please complete in BLOCK letters					
Title: Mr / Mrs / Ms / Miss / Other					
Family name:					
Given name/s:					
Middle name/s:					
Date of Birth:					
Student number:					
Postal address:	Unit/Building No.	Street No.	Street Na	me/PO Box	
	Suburb/Town/Locality		St	ate	Postcode
Phone:		Facsin	nile:		
Mobile:					
Email:					
Section 2 - Employer details					
Company name (if applicable):					
Title: Mr / Mrs / Ms / Miss / Other					
Full Name:					
Postal address:	Unit/Building No.	Street No.	Street Na	me/PO Box	
	Suburb/Town/Locality			State Postcode	
Section 3 - Declarations					
To be completed by employer when I declare that I am the employer that applicant has satisfactorily comple	at is a party to the training	g program under wh	• •	ant completed t	heir training. I declare that the
Name: (Print name of person authorised to sign on behalf of employer)					
Occupation:					
Signature: (Authorised person)			Da	ate:	
To be completed by the applicant: I declare that I have completed the		ith the training progi	am.		
Signature: (Applicant's signature)			Da	ate:	



pplicant's name: Student Number:							
Section 4 - Supervising Regis	tered Training Orga	nisation details (SF	eto)				
Name:							
Contact:							
Postal address:	Unit/Building No.	Street No.	Street Name/PO Box				
	Suburb/Town/Locality		State	Postcode			
The SRTO declares that the SRTO	is the Supervising Reg						
training or assessment delivered		r their training progra	n as approved by the Regulato	r.			
Please nominate the most relevan	ıt						
Qualification and statement o (Approved training package qualification							
Endorsement and units of con (For restricted electrical work applican							
The SRTO declares that the SRTO • has completed all the training or • is entitled to be issued a qualifica • is competent in performing the elements.	assessment required for attention or statement of at	or an electrical work lic ttainment for an electr					
This training program is considered in the trade work of:	l by the regulator of the	e Department of Justic	e and Attorney-General as evide	ence of competence			
(If applying for additional licence	only tick new categor	y to be added to exist	ing licence)				
Electrical fitter and electrical m	echanic	□ El	☐ Electrical linesperson - Distribution				
Electrical mechanic			☐ Electrical linesperson - Transmission				
☐ Electrical fitter	☐ Electrical linesperson - Traction						
☐ Electrical jointer - Open		∐ Re	estricted electrical work				
Electrical jointer - Restricted po	lymeric						
Name: (Print name of person authorised to sign on behalf of SRTO)							
Occupation:							
Signature:			Date:				
Section 5 - Lodging this docur	nent						
You may lodge your application by Department of Justice and Attorney Electrical Safety Office Licence Proc PO Box 820 Lutwyche QLD 4030 or Email: LPS@justice.qld.gov.au or Fax: (07) 3874 7670	-General						
Privacy statement:							
The Department of Justice and Attorney-C Safety Act 2002. The department may be New Zealand electrical regulators. This in licence details on the department's onlin	required to disclose your formation may also be us	personal information to sed for statistical research	the prescribed electricity entities in	Queensland and other Australian and			

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