



GOVERNMENT ELECTRICAL INSPECTOR TATE DIVISION
MINISTRY OF PUBLIC WORKS

Fort Street, Kingston, Georgetown

Tel#: 223-5073/231-2816/231-2815
email: geihqgy@mopw.gov.gy



APPLICATION FOR ELECTRICAL CONTRACTORS' LICENCE

LICENCE TYPE

DESINATE CLASS/GRADE OF LICENCE DESIRED

ELECTRICAL TECHNICIAN CONTRACTOR 1ST LEVEL

ELECTRICAL TECHNICIAN CONTRACTOR 2ND LEVEL PROFESSIONAL ELECTRICAL CONTRACTOR

ALL LICENCE ARE VALID FOR THREE YEARS (OCCUPATIONAL HEALTH & SAFETY CERIFICATION REQUIRED)

PERSONAL INFORMATION

Name (Last, First, Middle):

Date of birth:	D	D	M	M	Y	Y	Y	Y	ID No.:	Passport No.:	TIN No.:
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Current address:

City/District:	Region:	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
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Telephone (Home No.):	(Cellular No.):	Fax:
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E-mail:

EDUCATIONAL RECORD

TYPE (have you completed a/an)	YES	NO	DATES ATTENDED		NAME & LOCATION OF SCHOOL OR TRADE ASSOCIATION	DATE DIPLOMA ,DEGREE OR CERTIFICATE RECEIVED(Attach copy of the same)
			FROM	TO		
Course in CXC Electrical & Electronic Technology	<input type="checkbox"/>	<input type="checkbox"/>				
Electrical wiring and Installation Course at a Technical Institute	<input type="checkbox"/>	<input type="checkbox"/>				
Apprentice electrician program	<input type="checkbox"/>	<input type="checkbox"/>				
Electrical Engineering Diploma Program	<input type="checkbox"/>	<input type="checkbox"/>				
Electrical Engineering Degree Program	<input type="checkbox"/>	<input type="checkbox"/>				

SCREENING QUESTIONS

- Have you previously filed an application for an electrical contractors' Licence? Yes No
- Have you previously been examined for an Electrical Contractors' Licence Yes No
- Have you ever been convicted of felony under the laws of this country or any other country?
 No Yes—If yes, please explain fully on a separate sheet of paper.



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4. Have you ever entered a plea of guilty to a felony or a plea of no contest accepted by the court in this country or any other Country?
 No Yes—If yes, please explain fully on a separate sheet of paper.

SCREENING QUESTIONS

5. Have you ever been denied application or licensure as an Electrical contractor or been disciplined and/or revoked with regard to the practice of electrical wiring or practiced electrical wiring in violation of the law of this country or any other country? Yes No—if yes, please explain fully on a separate sheet of paper.

PRACTICAL ELECTRICAL WORK EXPERIENCE

PROVIDE VERIFIABLE ELECTRICAL WORK EXPERIENCE FORM WITH IN THE LAST 10 YEARS. IF NEEDED, ATTACH AN ADDITIONAL SHEET IN THE SAME FORMAT THE GEI MAY VERIFY ALL EMPLOYMENT DATA WITH PRESENT AND FORMER EMPLOYERS.

NAME OF CURRENT EMPLOYER		DUTIES
ADDRESS		
CITY:	REGION:	
PHONE:	E-mail:	
DATE OF EMPLOYMENT FROM:	TO:	JOB TITLE
PREVIOUS EMPLOYER:		DUTIES
ADDRESS		
CITY:	REGION:	
PHONE:	E-mail:	
DATE OF EMPLOYMENT FROM:	TO:	JOB TITLE
REASON FOR LEAVING		
PREVIOUS EMPLOYER:		DUTIES
ADDRESS		
CITY:	REGION:	
PHONE:	E-mail:	
DATE OF EMPLOYMENT FROM:	TO:	JOB TITLE
REASON FOR LEAVING		
PREVIOUS EMPLOYER:		DUTIES
ADDRESS		
CITY:	REGION:	
PHONE:	E-mail:	
DATE OF EMPLOYMENT FROM:	TO:	JOB TITLE



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REASON FOR LEAVING:

REFERENCES

(LIST THREE PERSONS OR FIRMS)

Name	Address & Telephone

REMARKS

USE THIS SPACE TO PROVIDE ANY ADDITIONAL EXPERIENCE, OR EDUCATIONAL INFORMATION THAT WOULD ASSIST THE GEI IN EVALUATING YOUR APPLICATION

STATEMENT OF APPLICANT

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for in this application may be cause for cancellation of the application and/or the suspension of licence should it have been issued before the facts were made known. I further understand that false or incorrect information provided by me may result in the cancellation or denial of a licence pursuant to this application and may be subject to civil and criminal proceedings.

I certify that I have read and will comply with all applicable provisions set forth in this application and I verify that the information provided on this form to be true.

DATE

D	D	M	M	Y	Y	Y	Y
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Signature of applicant: _____

D	D	M	M	Y	Y	Y	Y
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Signature of Chief Electrical Inspector: _____

OFFICIAL USE ONLY

DATE RECEIVED

DATE FOR EXAMINATION

D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
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EXAMINATION RESULTS:	DATE ISSUED								EXPIRATION DATE							
PASS <input type="checkbox"/> FAIL <input type="checkbox"/>																
LICENCE NUMBER:	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
CLASS OF LICENCE:																
EXAMINED BY								CERTIFIED BY								