



MINISTRY OF PUBLIC WORKS
GOVERNMENT ELECTRICAL INSPECTORATE DIVISION
AUTHORIZATION FORM

I Firstname _____ Lastname _____ of _____

Address (Lot#/Postal code, Street, City/Village, Region)

Description: Owner ☐ Contractor ☐ with ID# _____

hereby authorize First name _____ Last name _____ of _____

Address (Lot#/Postal code, Street, City/Village, Region)

with ID# _____ to uplift license ☐ make changes to / Uplift certificate/s ☐ on my behalf.

Signature: _____/Date _____
Authorizer **DD/MM/YYYY**

Signature: _____
Person being authorized



Note: All authorizations are valid for a period of six (6) months