

Application for approval of electrical equipment

(Includes non-prescribed equipment)



Form 6

V7.06-2009

This form is to be completed in accordance with the attached guidelines. Please complete the form in BLOCK LETTERS.

Electrical Safety Act 2002

1 Applicant details

Business name:	ABN / ACN / ARBN (If applicable):			
Contact:	Name	Telephone	Fax	Email
Address:	Street / PO Box	Suburb		
	State	Country	Postcode	

2 Consultant / agent details – Please note, unless otherwise indicated the certificate/s will be posted to the consultant / agent.

Business name:	ABN / ACN / ARBN (If applicable):			
Contact:	Name	Telephone	Fax	Email
Postal address:	Street / PO Box	Suburb		
	State	Country	Postcode	

3 Product details

Approval Number:	Equipment type:
Trade or brand name:	Model number:
Marked rating:	RCM used? YES <input type="checkbox"/> NO <input type="checkbox"/>
Manufacturers name and address:	

4 Test report details

Name of testing laboratory:	Test report number/s:
Safety Standard tested to:	Report date/s:
Relevant Australian Standard: AS/NZS:	

5 Declaration

I/We declare that the information stated above is a true statement and that, to the best of my/our knowledge, the equipment referred to above has been tested and examined in accordance with the appliance specifications to demonstrate the safety outcomes of the required Standards under the Electrical Safety Regulation 2002.

Authorised person:	Signature:	Date:
--------------------	------------	-------

6 Fee – This is a GST free supply. Keep a copy of this invoice for your records. A receipt of payment will be attached to the certificate.

Invoice amount \$ _____

- EFT** – Please contact the ESO for a reconciliation number then forward a copy of this form to your Accounts Department.
 Cheque – to be made out to the Department of Justice and Attorney-General.
 Credit card – as below.

Card type: Visa Bankcard MasterCard American Express* * code

Card number:

Expiry date: Name on card: _____

Cardholder's signature: _____

Return application to: Electrical Safety Office, Equipment Safety, LMB 2234 Brisbane QLD 4001 or equipmentsafety@deir.qld.gov.au

Privacy statement: The Department of Justice and Attorney-General respects your privacy and is committed to protecting your personal information. The information provided on this form is for the purpose of applying for approval of a type of electrical equipment and monitoring compliance under the *Electrical Safety Act 2002*, and will be managed within the requirements of Information Standard 42. The department may be required to disclose your personal information to other government agencies, entities or persons as may be required by law or that are outsourced functions. This information may also be used for statistical research, information provision and evaluation of our services. We will assume that we have your permission to do this unless you tell us otherwise. You can do this at any time by contacting the Electrical Safety Office on 1300 650 662. Further information on our privacy policy is available at www.electricalsafety.qld.gov.au.