

# Application for appointment as an accredited auditor

(for installations or prescribed electricity entities safety management systems)

**FORM 14**  
V6.06-2009  
*Electrical Safety Act 2002*

This form is to be completed in accordance with the relevant guidelines available at [www.electricalsafety.qld.gov.au](http://www.electricalsafety.qld.gov.au) or phone 1300 650 662.

Please make sure the form is completed and all relevant material is attached otherwise you may incur an administrative fee or your application may not be successful.

- Application for a prescribed electricity entity accredited auditor (Complete Sections 1, 3 and 4)
- Application for a high voltage electrical installation auditor (Complete Sections 1, 2 and 3)
- Application for a hazardous area installation auditor; (tick Category 1, 2 or 3, then complete Sections 1, 2 and 3)
- Category 1 – Flammable gases and liquids (Zones 0, 1 and 2)
- Category 2 – Combustible dusts (Zones 20, 21 and 22)
- Category 3 – Flammable gases and liquids and combustible dusts (Zones 0,1, 2, 20, 21, 22)

For High Voltage or Hazardous Area applicants, please nominate scope of accreditation

- Limited Access** - Definition: The auditor is accredited to only audit electrical installation work installed by their employer.

The insurance requirements of public liability and professional indemnity do not cover auditing of installed work conducted by other businesses.

- Full Access** - Definition: The auditor is accredited to audit any electrical installation work.

Public Liability and Professional Indemnity insurance is held in the accredited auditors own name or is held in a company name, including the auditor and all work the auditor conducts.

## 1 Applicant details - This section applies to all applicants

### A Individual as applicant - if applicant is a corporation as a prescribed electricity entity auditor, please complete 1B & 1C only

Title	_____	Mr / Mrs / Ms / Miss	Date of birth	_____
Family name	_____			
Given name/s	_____	Middle name/s	_____	

Residential Address	Street No.	Street Name	_____	
	Suburb	State	Postcode	

Postal address	Street No.	Street / PO Box	_____	
	Suburb	State	Postcode	
If same as above write 'as above'	_____			

Phone	_____	Facsimile	_____
Mobile	_____	Email	_____

### B Company details

Legal Name	_____			
ACN	<input type="text"/>	ABN	<input type="text"/>	
Title	_____	Mr / Mrs / Ms / Miss	_____	
Family name	_____	Given name/s	_____	

Business Address	Street No.	Street Name	_____	
	Suburb	State	Postcode	

Length of Employment	_____	Position	_____
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Postal address	Street No.	Street / PO Box	_____	
	Suburb	State	Postcode	
If same as above write 'as above'	_____			

Phone \_\_\_\_\_ Facsimile \_\_\_\_\_  
 Mobile \_\_\_\_\_ Email \_\_\_\_\_

**C Corporation as applicant** – this section applies to the prescribed electricity entity accredited auditor applicant

Nominee's Name \_\_\_\_\_ Nominee's Position \_\_\_\_\_  
 The Nominee must be a Director of the Company

Nominee representative/s – all nominee representative/s will need to complete section 4 (the nominees listed below are the personnel who will conduct the audits)

1 \_\_\_\_\_ 2 \_\_\_\_\_  
 3 \_\_\_\_\_ 4 \_\_\_\_\_

Skill set options: For each option list the nominee representatives that will be required to work in combination with each other to meet the accreditation criteria. If working individually then list as an individual. Please note: the application will be assessed on the overall skill set of each option.

Option

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_

**2 Background** - Copies of supporting documentation to be signed (Applicable for appointment as a High Voltage or Hazardous Area Installation Accredited Auditor)

**A Knowledge** - Please attach statement including any supporting information and documentation.


**B Skills and abilities** - Please attach information to meet criterion including supporting information and documentation.


**C Education** - Please attach supporting documentation.

Qualification	Education / Institution	Date of completion

**D Work experience** - Please attach information to meet criterion including supporting information and documentation.


**3 Insurance Details** – you must attach a current certificate of currency of relevant insurance

Insurer  
(Public Liability) \_\_\_\_\_

Public Liability \$: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Person/Company  
Insured: \_\_\_\_\_

Insurer:  
(Professional Indemnity) \_\_\_\_\_

Professional  
Indemnity \$ \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Person/Company  
Insured: \_\_\_\_\_

**4 Prescribed Entities** - This section applies to Safety Management Systems for Prescribed Electricity Entities Accredited Auditor applicants only.  
- Refer to the Guide to Safety Management Systems for further information regarding criteria.

**A Systems capability** - Please attach statement including any supporting information and documentation. Copies of supporting documentation to be signed


**B Attributes criterion** - Attributes Criterion 1-8 - Please attach information to meet criterion including supporting information and documentation.  
- Copies of documentation to be signed (Must refer to each nominee representative/s where applicable)


**C Standards** - Educational / Professional Registration Criterion 1-3  
- Please attach information to meet standards including any supporting information and documentation.  
- Copies of documentation to be signed (Must refer to each nominee representative/s where applicable)

Qualification	Education / Institution	Date of completion

**Professional Registration** (Must refer to each nominee representative/s where applicable)




**Specimen signature**

Specimen signatures of the individual or the nominee.  
Please provide two specimen signatures in the boxes provided for the individual or Corporation's nominee:

(Please ensure signatures are wholly within the boxes provided)

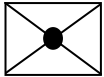
**6 Declaration by the applicant – un-witnessed statements will not be accepted by the department**

I \_\_\_\_\_ am satisfied that I meet and will continue to meet the requirements for an Accredited Auditor under the Electrical Safety Act 2002, the Electrical Safety Regulation 2002 and any Conditions of Office that allow me to act in capacity of an Accredited Auditor. I declare that the information contained in this application and all attachments is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Witness signature \_\_\_\_\_ Date \_\_\_\_\_  
Witness name \_\_\_\_\_

**Note:** The Department of Justice and Attorney-General may request you to provide evidence in support of this declaration. There are substantial penalties under the *Electrical Safety Act 2002* for making a statement to the department or providing a document to the department that you know is false or misleading in any material particular. Also supplying incorrect or misleading information and failing to comply with the eligibility requirements throughout the term of the licence are grounds for disciplinary action.

**7 Lodging this form - You may lodge your application by mail to:**



Department of Justice and Attorney-General  
Electrical Safety Office, Equipment Safety  
LMB 2234  
BRISBANE QLD 4001

**Note:** A completed application form and the full fee must be received for your application to be accepted. If all supporting documentation is not received within 28 days of lodgement of your application you are taken to have withdrawn your application. The Department will retain part of the fee paid to offset processing costs if an application is refused or withdrawn before it is decided. Any refundable amount of the fee paid is shown in schedule 7 of the *Electrical Safety Regulation 2002* which can be located at the ESO website: [www.electricalsafety.qld.gov.au](http://www.electricalsafety.qld.gov.au).

For more details phone: 1300 650 662 (Qld only) or visit [www.electricalsafety.qld.gov.au](http://www.electricalsafety.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 appointment as an accredited auditor and monitoring compliance under the *Electrical Safety Act 2002*. All information provided by you 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.

**8 Fee—not subject to GST**

I enclose a cheque or money order for \$300.30. Cheques are made out to the 'Department of Justice and Attorney-General'

Please debit my credit card for \$300.30

Card type    Visa                       Bankcard                       Mastercard

Card number   

Expiry date                             Name on card    \_\_\_\_\_

Cardholder's signature    \_\_\_\_\_