



UNIT MERINYU ELEKTRIK

ELECTRICAL INSPECTORATE UNIT

APPLICATION FOR CERTIFICATE OF COMPETENCY

(IN ACCORDANCE WITH THE ELECTRICITY RULES, 1999 SARAWAK)

I. ELECTRICAL SERVICES ENGINEER (ESE)

II. COMPETENT ELECTRICAL ENGINEER (CEE)

III. ELECTRICAL SUPERVISOR (ES)

ATTACHED PASSPORT-SIZED
POTOGRAPH HERE.
ENCLOSED ANOTHER 2
PHOTOGRAPHS WITH NAME
AND IC NO. WRITTEN AT THE
BACK

Part A. CATERGORY APPLIED

VOLTAGE LEVELS

*Tick (✓) the appropriate box.

	415V	up to 11 kV	up to 33 kV	up to 132 kV	up to 275 kV
<input type="checkbox"/> (A) OVERHEAD LINES.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (B) UNDERGROUND CABLES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (C) ELECTRICAL SUBSTATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (D) LV INSTALLATION & EQUIPMENT (415 V)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part B. REPORT SUBMISSION

Applicant is required to write a report for any or any combination of the categories of work in **Part A above**. The guideline for the report submission is attached in **Part K**. The report must illustrate the applicant's ability and knowledge for each of the categories of work that he/she intends to apply for. **4 copies** of the written report together with the duly completed application form are to be submitted to this office.

Part C. PARTICULARS OF APPLICANT

(Complete in capital letter. With * mark, delete where not applicable)

Name: _____ Nationality: _____

(Attach photocopy of IC.) (For non-Sarawakian, attached photocopy of IC and/or passport & work permit)

IC No. (New) / Passport No. (Non-Sarawakian)*: _____ IC No. (Old): _____

Date of birth: _____ (dd/mm/yyyy)

Sex: Male/Female*

Residential Address/Postal Address: _____

Postcode: _____

Contact Particulars:-

Home Phone: _____

Handphone: _____

Office Phone: _____

E-Mail: _____

Part D. PRESENT EMPLOYER/INSTITUTION PARTICULARS

Name of Employer/Institution: _____

Nature of Employer's Business: _____

Address: _____

Postcode: _____

Telephone No.: _____

Fax No.: _____

Part E. QUALIFICATION/CERTIFICATES ATTAINED**E.1 PROFESSIONAL QUALIFICATION (Not Applicable for Electrical Supervisor Applicant)**

Professional Engineer's Certificate Number: _____

Receipt Number for the Most Recent Renewal of Registration
with the Board of Engineers, Malaysia: _____

Discipline: _____

Expiry Date: _____

E.2 ACADEMIC QUALIFICATION (The certificate must be from a recognised University or Institution :)

DEGREE / DIPLOMA	DISCIPLINE	UNIVERSITIES / COLLEGES / INSTITUTIONS	PLACE	YEAR ISSUED	OVERALL GRADE

*Attached certified copies of certificates and certified copies of transcripts of subjects separately.***E.3 EMERGENCY RESPONSE / FIRST AID CERTIFICATES**

CERTIFICATE NAME	CERTIFICATE NUMBER	ISSUING ORGANISATION / INSTITUTION	PLACE	DATE ISSUED

*Attached copies of certificates separately.***E.4 COMPETENCY CERTIFICATES CURRENTLY IN POSSESSION (if any)**

COMPETENCY CERTIFICATE	CERTIFICATE NUMBER	RESTRICTION	ISSUING ORGANISATION / INSTITUTION	PLACE	DATE ISSUED

Attached copies of certificates separately.

Part F. PROFESSIONAL EXPERIENCES

F.1 WORKING EXPERIENCES

WORKING EXPERIENCES	DURATION (MONTHS)								
STATE CLEARLY: i. NAME AND ADDRESS OF EMPLOYER. ii. POSITION HELD AND SCOPE OF RESPONSIBILITY. iii. LOCATION OF WORK. iv. WORK AND ACTIVITIES INVOLVED.	STARTING & ENDING DATES	VOLTAGE LEVEL INVOLVED	GENERATION	TRANSMISSION	DISTRIBUTION	CUSTOMER SERVICE	PROTECTION / FAULT LOCATION	CALIBRATION / TESTING	REGULATION / PLANNING / DESIGN

For application for the certificate of Competency as an Electrical Supervisor only, the above submission on working experiences is to be certified by a Professional Engineer(PE).

Certified by: _____ (PE Stamp/Chop & signature of PE)

Date: _____

Name of PE.: _____

PE. No.: _____

Address: _____

Attached separately if insufficient space.

F.2 RELEVANT COURSES ATTENDED

COURSES ATTENDED			TOPICS COVERED (PLEASE TICK)						
STATE CLEARLY: i. NAME AND VENUE OF COURSES ATTENDED. ii. NAME AND ADDRESS OF ORGANISER. iii. TOPICS AND SUBJECTS COVERED	STARTING & ENDING DATES	DURATION (DAYS)	GENERATION	TRANSMISSION	DISTRIBUTION	CUSTOMER SERVICE	PROTECTION / FAULT LOCATION	CALIBRATION / TESTING	REGULATION / PLANNING / DESIGN

Attached separately if insufficient space.

Part G. APPLICATION FOR AUTHORISATION TO PERFORM SWITCHING

- I. Switching : Class 1 (Authorised to issue & cancel Electrical Permit To Work)
 Class 2 (Not authorised to issue & cancel Electrical Permit To Work)

Voltage Level: Up to 11 kV Up to 33 kV Up to 132 kV Up to 275 kV

Area : DESIGNATED PREMISE
 OPEN

- II. A letter of recommendation to perform switching from a competent person or any certificate of authorisation to perform switching from a competency committee of management of the electrical installation.
- III. Specify
- a) the location of the premise(s) where switching is to be performed.
 - b) the purpose and nature of switching operations to be performed by the applicants (e.g. maintenance, new installation works, fault isolation, etc.)
 - c) the type and brand of switching equipment to be operated on.
- IV. Attach the locality map and a schematic diagram of the supply system on which switching operation will be performed.

Attached separately if insufficient space.

Part H. CHECKLIST FOR COPIES OF DOCUMENTS ATTACHED.

Please ensure the followings are enclosed to expedite processing of applications:

- 1 4 copies of written report on the working ability, knowledge and experiences according to the category applied.
- 2 3 pieces of photographs (1 piece attached to form and 2 pieces enclosed with form).
- 3 Certified true copy of I.C. (Front and Back) and/or Passport & Work Permit.
- 4 Certified true copy of Educational /Degree/Diploma Certificates (Certificates much recognized be LAN).
- 5 Certified true copy of Professional Engineer's Certificates (For CEE and ESE applicants only).
- 6 Certified true copy of Receipt of the most recent renewal of registration with the BEM (For CEE and ESE applicants only).
- 7 Attach Locality Map and Schematic Diagram for applicant applying for Switching Authorisation.
- 8 Attach a copy of any competency certificates currently in possession.
- 9 Attach copy of relevant courses attended (if any).
- 10 Attach a copy of emergency response/first aid certificate.

Part I. DECLARATION

I hereby declare that:

- I. I have in my possession (i) the Sarawak Electricity Ordinance (with all the amendments) and (ii) the Electricity Rules 1999; and
- II. I have good understanding of their contents and I am ready to be examined at any time.

I further declare that:

- I. All particulars given are correct; and
- II. The Director of Electricity Supply may reject this application if any particulars are found to be false, incomplete or appropriate copies of information are not attached.

Signature of Applicant

Date: _____

(IC No.: _____)

Part J. FOR OFFICE USE

Date Received	Application Reference No.:	Resubmitted Report	Pending Interview