

# UNIT MERINYU ELEKTRIK

## ELECTRICAL INSPECTORATE UNIT

### RENEWAL OF CERTIFICATE OF COMPETENCY

(IN ACCORDANCE WITH THE ELECTRICITY RULES, 1999 SARAWAK)

#### A. FOR OFFICE USE

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

1. Photocopy of I.C. and/or passport, and work permit if foreign person.
2. Photocopies of emergency response/first aid certificates.
3. Competency certificates to be renewed. Renewal for \_\_\_\_\_ years
4. Renewal fees for the maximum of up to two (2) years. \* Check ( ✓ ) the boxes.


*	Cert of Competency	Fee/ Year	*	Cert of Competency	Fee/ Year
	Wireman	RM 30		Electrical Supervisor	RM 150
	Chargeman (Low Voltage)	RM 50		Competent Electrical Engineer	RM 200
	Chargeman (High Voltage)	RM 100		Electrical Services Engineer	RM 300
	Chargeman (Low and High Voltage)	RM 100			

#### B. PARTICULARS OF APPLICANT

(Complete in capital letters)

Name: \_\_\_\_\_ Certificate of Competency No. : \_\_\_\_\_

(Attach photocopy of I.C. and/or passport. If work permit is required, please attach).

Validity Until : \_\_\_\_\_

IC number (new) : \_\_\_\_\_ Age : \_\_\_\_\_ Sex : Male / Female

\* delete where not applicable

Postal Address (if different): \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Contact Particulars:-

Home Phone: \_\_\_\_\_ Handphone: \_\_\_\_\_

Office Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### C. PRESENT EMPLOYER/INSTITUTION PARTICULARS

Name of Employer: \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

#### D. LATEST EMERGENCY RESPONSE/ FIRST AID CERTIFICATES

CERTIFICATE NAME	CERTIFICATE NUMBER	ISSUING ORGANISATION / INSTITUTION	PLACE	DATE ISSUED

#### E. DECLARATION

I hereby declare that:

1. All particulars given are correct; and
2. The Director of Electrical 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: