

UNIT MERINYU ELEKTRIK

ELECTRICAL INSPECTORATE UNIT

APPLICATION FOR CERTIFICATE OF COMPETENCY (IN ACCORDANCE WITH THE ELECTRICITY RULES, 1999 SARAWAK)

CHARGEMAN

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

A. FOR OFFICE USE

Chop Date Received:

Application Reference No.:

B. CATEGORY OF COMPETENCY APPLIED (refer to last page for explanation)

CHARGEMAN CATEGORY						
LOW VOLTAGE		HIGH VOLTAGE				
		VOLTAGE LIMIT	11kV	33kV	132kV	275kV
L1		H1				
L2 (O/H)		H2 (O/H)				
L2 (U/G)		H2 (U/G)				
L3		H3				

AUTHORISATION TO PERFORM SWITCHING:			
Yes		No	
OPEN / DESIGNATED PREMISES*			
VOLTAGE LIMIT (kV)			
Up to 275 kV		Up to 33 kV	
Up to 132 kV		Up to 11 kV	

Check () the appropriate box. * Delete where inapplicable.

C. PARTICULARS OF APPLICANT

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

Name: _____ Nationality : _____

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

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

Date of birth: ____ / ____ / ____ (dd/mm/yyyy) Sex : Male / Female*

Residential Address : _____

_____ Postcode: _____

Postal Address (if different from above): _____

_____ Postcode: _____

Contact Particulars:-

Home Phone: _____ Handphone: _____

Office Phone: _____ E-mail: _____

D. PRESENT EMPLOYER/INSTITUTION PARTICULARS

Name of Employer/Institution : _____

Nature of Employer's Business : _____

Address : _____

_____ Postcode: _____

Telephone No: _____ Fax No: _____

E. QUALIFICATION/CERTIFICATES ATTAINED

E.1 EDUCATIONAL/VOCATIONAL CERTIFICATES

CERTIFICATE NAME	OVERALL GRADE	DATE ISSUED	SCHOOLS, COLLEGES, INSTITUTIONS, ETC. ATTENDED			
			NAME	PLACE	START DATE	END DATE
					(MTH/YR)	(MTH/YR)

Attach copies of certificates and transcripts of subjects separately.

E.2 EMERGENCY RESPONSE/ FIRST AID CERTIFICATES (if any)

CERTIFICATE NAME	CERTIFICATE NUMBER	ISSUING ORGANISATION / INSTITUTION	PLACE	DATE ISSUED

Attach copies of certificates separately.

E.3 COMPETENCY CERTIFICATES CURRENTLY IN POSSESSION (if any)

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

Attach copies of certificates separately.

E.4 RELEVANT COURSES ATTENDED

COURSE NAME	NAME OF ORGANISER	ADDRESS OF ORGANISER	TOPICS & SUBJECTS COVERED	DATE OF THE COURSE	
				START	END

Attach separately if insufficient space.

F. WORKING EXPERIENCES

PERIOD		NAME AND ADDRESS OF EMPLOYER	WORKING EXPERIENCES <i>(List down in detail the nature of work involved)</i>
FROM	TO		

Attach separately if insufficient space.

G. FOR APPLICATION OF AUTHORISATION TO PERFORM SWITCHING ON DESIGNATED PREMISE/AREA

- I. Specify**
 - a) the location of the premises where switching will be performed.
 - b) the purpose and nature of switching operations to be performed by the applicant (e.g. maintenance, new installation works, fault isolation, etc.).
 - c) the type and brand of switching equipment to be operated on.
- II. Attach the location map(s) and schematic diagram(s) of the supply system on which switching operations will be performed.**

Attach separately if insufficient space.

H. DECLARATION

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

- 1. 3 pieces of photographs (1 piece attached to form and 2 pieces enclosed with form).
- 2. Photocopy of I.C. and/or passport. If work permit is required, please attach.
- 3. Photocopies of educational/vocational certificates and transcripts of subjects.
- 4. Photocopies of emergency response/first aid certificates.
- 5. Photocopies of competency certificates currently in possession.
- 6. Attachment of details of relevant courses attended, if attached separately.
- 7. Attachment of details of working experiences, if attached separately.
- 8. If applying for authorization to perform switching, attach details of designated premises/area.

(Check (✓) the boxes)

I hereby declare that:

- I. All particulars given are correct;**
- II. 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: _____

EXPLANATION OF COMPETENCY CATEGORIES

CHARGEMAN

- L1 Low voltage main switchboard & auxiliaries.
- L2 (O/H) Low voltage overhead lines & auxiliaries.
- L2 (U/G) Low voltage underground cable laying & auxiliaries.
- L2 Low voltage overhead lines, underground cable laying & auxiliaries.
- L3 Low voltage generating stations.
- H1 Voltage higher than low voltage electrical substation & auxiliaries.
- H2 (O/H) Voltage higher than low voltage overhead lines & auxiliaries.
- H2 (U/G) Voltage higher than low voltage underground cable laying & auxiliaries.
- H2 Voltage higher than low voltage overhead lines, underground cable laying & auxiliaries.
- H3 Voltage higher than low voltage generating stations.