

## Notice of Change of Electrical Contractor Licence FSR

FRM-1023-07

### When to use this form

When you need to change the designated Field Safety Representative (FSR) on your Technical Safety BC electrical contractor licence.

To change the FSR on a permit please use [Operating Permit Holder Notice of Change of FSR Form 1014](#)

## Your Information

### Tell Us About Your Licence

Your information remains private with Technical Safety BC. See disclaimer below.

**Business Name** (N/A if sole proprietor operating under your own legal name)

**BC Business No.** (9 digit number)

**Electrical Contractor Licence No.**

### Mailing Address

**Street Address**

**City**

**Province/State**

**Postal Code/Zip Code**

**Country**

Note: at least one number must be provided (123)456-7890

**Business Phone**

**Mobile Phone**

**Email**

**Billing Address** (If different from above)

**Street Address**

**City**

**Province/State**

**Postal Code/Zip Code**

**Country**

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### Change Effective Date

The change of designated Field Safety Representative (FSR) for this licence will be effective as of this date.

**Date:** MMM - DD - YYYY

Requested by Authorized Business Representative

**Print Name**

### Field Safety Representative (FSR) To Be Removed From This Licence

**First Name**

**Last Name**

**FSR Class(es)**

**FSR Certificate No.**

### Field Safety Representative (FSR) To Be Added To This Licence

**First Name**

**Last Name**

**FSR Class(es)**

**FSR Certificate No.**

### Declaration

- I hereby appoint the person stated above to be the Field Safety Representative (FSR) on this licence. I have confirmed that the FSR is employed or contracted by me to be the designated FSR on this licence. I have further confirmed that the named FSR is registered as a Field Safety Representative and holds a valid and subsisting FSR Certificate of Qualification with the class(es) as noted.
- I have read and understand my duties, responsibilities, and obligations as a licensed Contractor under the Safety Standards Act & Regulations.
- Submitting this form to Technical Safety BC constitutes your authorization.

**Owner/Contact Name**

**Signature**

**Date:** MMM - DD - YYYY

### What To Do Next

#### Submit this form to:

Technical Safety BC Suite  
600  
2889 East 12th Avenue,  
Vancouver, BC V5M 4T5  
Contact@technicalsafetybc.ca

#### Need help?

Contact us  
1 866 566 7233  
[technicalsafetybc.ca/contact-us](https://www.technicalsafetybc.ca/contact-us)

### Disclaimers

#### Personal Information

Technical Safety BC collects your personal information for the purpose of administering provisions under the Safety Standards Act and may need to disclose this information to entities such as utilities, provincial agencies, and municipalities. By submitting this form, you are consenting to the disclosure described above. Any personal information collected is handled in accordance with the British Columbia Freedom of Information and Protection of Privacy Act. If you have questions about the collection, use, or disclosure of this information, contact the Privacy and Records Management Program Lead at 1 866 566 7233.