

Electrical Contractor Licence Application

FRM-1028-11 (2024-06-14)

Your Information

Tell Us About Your Business				
The name specified on the bond document must be exact as the name registered in BC and provided on this applica	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)	
Mailing Address				
Street Address		City		Province/State
Postal Code/Zip Code Country Image: Second state of the second sta				
Business Phone Mobile Phone	Email			
Billing Address (If different from above)				
Street Address		City		Province/State
Postal Code/Zip Code Country				
Contact Name(s) (At least one owner/director must be listed)				
	DI	0) 450 7000	F	

First Name	Last Name	Phone Number (123)456-7890	Email	Owner/ Director
		Business Mobile		



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Surety Bond For This Licence

Insurer Company Name		Bond No.	
Surety Bond Requirements	,		

- Bond in the amount of \$10,000 must be provided by a surety licensed under the Insurance Act.
- Bond must be issued for the full legal business name or sole proprietor's own legal name. The name on the bond must match the business name or the sole proprietor's own legal name, whichever is provided on the application. Business names must match exactly with the full legal business name registered in BC.
- The name of the Obligee listed on the bond should be BC Safety Authority.
- Submit a copy of your bond that clearly shows the above and the principal's signature, insurer's signature, seal and date.

Field Safety Representative (FSR) For This Licence

First Name	Last Name	FSR Class(es)	FSR Certificate No.

Wallet Card

A digital wallet card will be available to you when you sign up for an Online Services account.

Check here if you need a wallet card mailed to your business address. Please anticipate regular shipping times.

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.				
Own	er/Contact Name	Signature	Date: MMM - DD - YYYY		

What To Do Next

Include the following with your application:

A clear copy of your surety bond.

Mail your completed application and documents to:

Technical Safety BC Suite 600 2889 East 12th Avenue, Vancouver, BC V5M 4T5 Need help?

Contact us 1 866 566 7233 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.