

Application Type:

I. Personal Information		
FIRST NAME	MIDDLE INTIAL	SURNAME
ADDRESS	CITY/TOWN	POSTAL CODE
MAILING ADDRESS	PRIMARY PHONE	CELL PHONE
E-MAIL ADDRESS		

II. Licence Information				
Select the Electrical Licence you are requesting:				
<input type="checkbox"/> Construction Journeyman Electrician	<input type="checkbox"/> Industrial Journeyman Electrician	<input type="checkbox"/> PE Power Electrician		
OR				
Select the Limited Specialized Trade - Electrical Licence you are requesting:				
<input type="checkbox"/> M-A Limited Elevator	<input type="checkbox"/> M-B Limited Electric Sign	<input type="checkbox"/> M-C Limited Deep Well Pump	<input type="checkbox"/> M-D Limited Generator	<input type="checkbox"/> M-E Limited Recreational Vehicle
<input type="checkbox"/> M-F Limited Alarm Installer	<input type="checkbox"/> M-G Limited Refrigeration	<input type="checkbox"/> M-H Limited Electronic	<input type="checkbox"/> M-I Limited Instrument Mechanic	<input type="checkbox"/> M-L Limited Appliance Repair
<input type="checkbox"/> M-M Limited Motor Winder	<input type="checkbox"/> M-N Electronic Equipment Radio & TV	<input type="checkbox"/> M-P Limited Power Line	<input type="checkbox"/> M-S Limited Fire Alarm	<input type="checkbox"/> M-T Limited Technician & Technologist
<input type="checkbox"/> M-U Limited Utility	<input type="checkbox"/> M-V Limited Voice Data Video	Other (Please specify): _____		

III. Verification Documents <i>(Note: Fields marked : are required for submission)</i>	
<input type="checkbox"/> Submit a copy of your certificate of qualification or Interprovincial red seal with this application for Initial Licence. <input type="checkbox"/> Submit a copy of your valid licence from another Jurisdiction with this application to transfer your Licence. <input type="checkbox"/> Copy of your photo identification <input type="checkbox"/> Submit letter(s) from your employer(s) verifying your continuous work in the trade during the period when licence lapsed.	
OR	
<input type="checkbox"/> Submit an Experience Self Declaration form ITS CS Form 09 made before a Commissioner for Oaths where it is not possible to obtain letter from employer(s).	
SIGNATURE	DATE

INSPECTION AND TECHNICAL SERVICES MANITOBA OFFICE USE ONLY		
<input type="checkbox"/> Licence issued in person <input type="checkbox"/> Licence mailed <input type="checkbox"/> Other (see comments)	COMMENTS	SIGNATURE
		DATE