



Certified Master Electrician / Registered Master Electrician Application Form

This CME/RME registration is STRICTLY VOLUNTARY and allows you to use a Professional Designation during the valid period of time shown on your card. **This does NOT replace your Masters Certificate.**

*Contact Safety Codes Council to renew your Masters. **As of August 2020, renewals forms will be sent by email or can be downloaded off the ECAA website (www.ecaa.ab.ca)

PRINT: Name, address & Masters number legibly.

I, _____ declare myself (choose only one):
(Print Masters Name)

- (CME) Certified Master Electrician** is an active Master and has completed the online ECAA Ethics Course (Before a CME card can be processed):
 - renew Masters Certificate first with the Safety Codes Council (www.safetycodes.ab.ca)
 - has completed the online Ethics Course @ www.ecaatraining.com (**only has to be completed once not every renewal and will cost \$55+GST paid online with course sign-up**). ** The Safety Codes Council Code of Ethics Form does NOT qualify for the ECAA CME (Certified Master Electrician) designation.

(RME) Registered Master Electrician A RME is a Master Electrician

Application Date: _____ **Master's Signature: _____

*** Forms NOT signed will not be processed*

Master #: M - _____ Expiry Date: _____ (Your RME/CME will have the same expiry date as your Masters)

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Phone: _____ E-Mail: _____

I consent to the ECAA emailing me industry related content: Standata, Code Seminar, etc. and ECAA Spark e-newsletter.

Electrical Firm(s) for which you are responsible for installations completed and actively engaged in obtaining electrical permits:

Name of Company: _____ Address: _____

City: _____ Prov: _____ PC: _____ Phone: _____

PEC (CME/ RME renewal fee is included with paid PEC dues – do not include payment with this renewal)

*Payment Fee (as of Jan 1, 2018): **\$75.00** ___ MC ___ Visa ___ Amex ___ Debit ___ Cheque

Enclosed cheque payable to: **ECAA** or Electrical Contractors Association of Alberta

Credit Card Number: _____ Exp.: _____ CVC: _____

Card Holders Name: I, _____ authorize ECAA to charge \$75 to the

above credit card number. Signature: _____