

Professional Electrical Contractor Renewal Application

SECTION 1 - PEC INFORMATION

Name In Full PEC #

Street Address

City Province Postal Code

Preferred Telephone Email

Alberta Master Electrician and/or CME License No. Expiry Date

SECTION 2 - BUSINESS ON WHOSE BEHALF PERMITS ARE ABLE TO BE DRAWN

Business Name In Full

Business Street Address

Business City Business Province Business Postal Code

Business Telephone

SECTION 3 - APPLICANT PROFESSIONAL VALIDITY

1. Are you personally bondable? Yes No

2. Have you had your Master Electrician License revoked? Yes No

If so, for what reason? _____

3. Have you been convicted for faulty electrical installations? Yes No

4. Is or has your professional conduct ever been under investigation? Yes No

5. Are you affiliated with other Professional Associations? Yes No

If so, which one(s)? _____

6. Are you receiving revenue as a Professional Electrical Contractor? Yes No

7. Do you currently have personal liability insurance? Yes No

8. Do you currently have corporate liability insurance? Yes No

9. Is appropriate WCB in place? Yes No

If no, why not? _____

10. Current APD term points? _____

SECTION 4 - DECLARATION

I certify that the information provided on this form is true.

Applicant's Signature _____

Date _____