

Document Declaration Form

This form is used to assist in documentation verification.
 Upon completing this form attach it to signed photocopies of original documentation and send with your application.

1 Applicant - name on application form

2 Person authorised to complete this declaration - must be a person from the list in section 3.

Title Mr / Mrs / Ms / Miss / other (please state) _____

Family name _____

Given name/s _____ Middle name/s _____

Phone _____ Facsimile _____

Mobile _____ E-mail _____

3 Original documents sighted:

Description - Complete descriptions e.g. dates issued, serial no, full names etc are important.
 Insufficient detail may lead to delays in processing your application.

I am the person authorised to complete this declaration and I have sighted the above **original** documents and signed photocopies presented to me for verification.

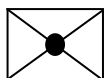
Below is a list of persons authorised to complete this form:

- Accountants (Only members of the Institute of Chartered Accountants in Australia or the Australian Society of Certified Practising Accountants or the National Institute of Accountants)
- Bank Managers
- Barristers, Solicitors or Judges
- Clerks of the Court
- Commissioned Officers currently serving in the regular defence forces
- Commissioners for Declarations
- Elected representatives of Federal, State and Territory and Municipal or Shire Councils
- Holders of Statutory Offices for which an annual salary is payable
- Justices of the Peace
- Police Officers
- Postal Managers
- Public Servants (current full-time employee of Commonwealth, State, Territory or Local Government or Statutory Authorities, who have been employed continuously for at least five (5) years by their current employer)
- Stipendiary Magistrates
- Teachers (full-time who have been teaching for more than five (5) years at schools or tertiary institutions)

The authorised person is to state their position/ reason for being a person authorised to complete this declaration (choose from the list above) _____

Signature of authorised person _____ Date _____ / _____ / _____

4 Lodging this form - You may lodge this form by mail to:



Department of Justice and Attorney-General
 Electrical Safety Office Licence Processing Services
 PO Box 820
 Lutwyche Qld 4030

PRIVACY STATEMENT: The Department of Justice and Attorney-General is collecting your personal information in order to verify documentation when processing an application for the issue of an electrical work licence/permit under the *Electrical Safety Act 2002*.