

The licensee shall notify the Director of the loss of the last designated master electrician within five days of the occurrence.

Section A:

- Licensed Electrical Contractor information

Section B:

- This section is to be completed if you have an ESA Electrical Contractor Licence and have lost or are changing the Designated Master Electrician associated to this licence.
- If you have indicated a loss of Designated Master Electrician, and you do not have an immediate replacement, you may be granted up to a 60-day period to continue to operate the business while you arrange to employ and designate another master electrician. You must then notify ESA of the newly Designated Master Electrician, within the time granted, by completing Part II of this section, in order to avoid cancellation of your licence.
- Restrictions may be applied to your licence if you do not have an employee or principal with a valid trade qualifications. Include information about your valid trade qualifications holder.
- You must notify ESA within 5 business days of any change.
- The New Designated Master Electrician must complete Section B, Part II of this form.

Section C:

- This section is to be completed by a Designated Master Electrician who is transferring from one Electrical Contracting Business to another, or who has ceased performing the duties of a Designated Master Electrician for any Electrical Contracting Business.
- If you are a Designated Master Electrician, transferring from one Electrical Contracting Business to another, the Electrical Contracting Business that you are transferring to is also required to complete Section A of this form.

Statutory Authority

Ontario Regulation 570/05 Section 7 (1), (2) and Section 28 A master electrician shall not accept the master electrician designation on behalf of more than one electrical contractor at a time, and the designated master electrician must be actively employed by the designating electrical contracting business. The Licensee shall notify ESA within five business days of any change in designation of a master electrician. Failure to comply with the above may lead to suspension or revocation of the electrical contractor and master electrician licence.

Warning – It is an offence to knowingly provide false information on this application and any attachments.



Notice of Change: Designated Master Electrician

Date Received: <i>Office Use</i>
Former BP# <i>Only</i>
New BP#

Email: esa.licensing@electricalsafety.on.ca
400 Sheldon Dr, Unit 1, Cambridge, ON N1T 2H9

Phone: 1-877-372-7233
www.esasafe.com/licensing

Section A: Electrical Contractor Licence Information

Licensed Business Name:			
Licence Number:		ESA Account Number:	
Business Address:			
Street	City	Prov	Postal Code
Email:		Phone:	

Section B: Electrical Contractor Licence - Loss or Change of Designated Master Electrician

Please indicate the appropriate status of change (check only one):

Applying for a 60-day provision: Loss of Designated Master Electrician with no immediate replacement. Complete Part I

Change of Designated Master Electrician. Complete Part I and Part II

Part I: Former Designated Master Electrician (DME) Information

ME Name:	ME Licence Number:
Termination Date as DME (YYYY / MM / DD):	
Brief reason for the termination of the DME (i.e. found other employment):	
Do you have an employee or principal registered with Skilled Trades Ontario? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, attach a copy of their valid Certificate of Qualification.	
Name:	STO Account (OCOT) Number:

Authorization

I state that the information contained on this form is true and correct to the best of my knowledge. I understand that providing false information is a chargeable offence and is also grounds for denial, suspension or revocation of the master electrician licence and/or the electrical contractor licence.

Name of Authorized Signing Official for the Business:	
Title:	
Signature	Date

Part II: New Designated Master Electrician (DME) Information

ME Name:	ME Licence Number:
Start Date as DME (YYYY / MM / DD):	
Position Held:	<input type="checkbox"/> Corporate Owner, Officer or Director <input type="checkbox"/> Partner <input type="checkbox"/> Employee <input type="checkbox"/> Sole Proprietor

By signing this document, I affirm that I am actively employed with the above named Electrical Contracting Business, and I assume responsibility for the personal planning and direct supervision of all electrical work carried out on behalf of the electrical contractor. I further agree to ensure that the electrical work is carried out in accordance with applicable law, including the Ontario Electrical Safety Code and the laws relating to health and safety and consumer protection, on behalf of the electrical contractor.

I state that the information contained on this form is true and correct to the best of my knowledge. I understand that providing false information is a chargeable offence and is also grounds for denial, suspension or revocation of my master electrician licence and this electrical contractor licence.

Signature of new Designated Master Electrician

Date

Section C: Master Electrician Change of Designation

Master Electrician Name:

Master Electrician Licence Number:

Home Address:

Street

City

Prov

Postal Code

Email:

Phone:

Please indicate the present status of your designation (check only ONE):

First designation, have not previously been the Designated Master Electrician for any Electrical Contracting Business

Transferring as the Designated Master Electrician from one Electrical Contracting Business to another

Ceased being the Designated Master Electrician for an Electrical Contracting Business and no present designation with any other Electrical Contracting Business.

Will you be maintaining your Master Electrician Licence Yes No

Previous Business / Employer Information (if applicable):

EC Name:

EC Licence Number:

Termination Date as DME (YYYY / MM / DD):

Signature of Master Electrician

Date

BY SUBMITTING PERSONAL INFORMATION TO THE ELECTRICAL SAFETY AUTHORITY, OR ITS AGENTS AND SERVICE PROVIDERS, YOU AGREE THAT ESA MAY COLLECT, USE AND DISCLOSE SUCH PERSONAL INFORMATION IN ACCORDANCE WITH ITS PRIVACY POLICY, APPLICABLE LAWS OR PURSUANT TO OUR ADMINISTRATIVE AGREEMENT WITH THE PROVINCE OF ONTARIO.

If you provide us with the personal information on behalf of another individual, you represent that you have all necessary authority and/or have obtained all necessary consents from such individual to enable us to collect, use and disclose such personal information for the purposes set forth in our Privacy Policy. A copy of our policy is located on our website at www.esasafe.com