

How to Complete the Notice of Change to Licence Information

Ontario Regulation 570/05 made under the Electricity Act, 1998

Please read the form carefully and complete all applicable sections as described below. Ensure you provide the applicable account number(s) and Licence numbers(s) you wish to make changes to.

Section A: Identify the type of change and licence that the change request(s) applies to.

Section B: If the legal company name or operating name is changing, we require business registration documents to be submitted that reflect the change. This could be demonstrated through a Master Business Licence or Articles of Incorporation or Amalgamation. An updated Certificate of Insurance is also required. If you have a WSIB account, proof of this update is also required.

Section C: Please make any changes to your contact information. If you are an Electrical Contractor requesting a change of address outside Ontario **OR** your mailing address is a PO Box, <u>you must also provide an address for service in Ontario</u>.

Note: these change requests are for your ESA account level, and not your online services profile(s). If you are an ESA Online user, ensure you log in and update any necessary changes to your email address or phone number in your profile(s).

Section D: If you have a new/terminating director/officer/owner in the business, we require business registration documents that reflect the change. Please complete a Notice of Change form for each new or terminating director/officer/owner.

Section E: Please be sure to include a copy of the Certificate of Qualification and/or Skilled Trades Ontario card to make any changes.

Section F: A valid WSIB Account Number is required to update/change the WSIB information on file for an Electrical Contractor.

Authorization:

Please ensure the bottom of the form is completed with the name and signature. All changes made to a Master Electrician Licence <u>must</u> be signed by the Master Electrician. All changes made to an Electrical Contractor Licence <u>must</u> be signed by a registered company principal/officer/owner/partner.

All licensees shall notify the Director or any change to the information provided in their licence application or renewal of licence application within five business days of the change.

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



Notice of Change: Licence Information

Date Received: Office Use Processed by: Only

Email: esa.licensing@electricalsafety.on.ca 400 Sheldon Dr, Unit 1, Cambridge, ON N1T 2H9 Phone: 1-877-372-7233 www.esasafe.com/licensing

on			
usiness Name			
rectors / Partners Change of STO (OCOT) / CofQ or WSIB			
ence Master E	lectrician Licence	Both	
licable licence			
	ESA Account Number:		
ME Licence Number:		ESA Account Number:	
	-		
n attached to this	form.		
City	Prov	Postal Code	
City	Prov	Postal Code	
New website:			
Note: email change to online services (i.e. ME Portal) must be managed through each portal.			
☐ Email		Лаil	
(s), Owner(s) or Pa	artner(s)		
n attached to this	form.		
■ New ■ Terminating Effective Date of Change (YYYY / MM / DD):			
	Last Name:		
City	Prov	Postal Code	
YYY / MM / DD):			
	Change of Some Change of Some Master Elicable licence In attached to this City City New website: Cal) must be managed Email (s), Owner(s) or Pain attached to this contact and the contac	Change of Address / Phone / E Change of STO (OCOT) / CofQ Ence	

Section E: Change of Skilled Trades Ontario (or	OCOT) / Certificate of Qualification Holder			
☐ The required supporting documents have b	een attached to this form.			
Journeyperson Name:				
STO Number: Expiration Date (YYYY / MM / DD)				
Qualification Type: 309A, 309D 309C, 3	809E			
Position Held: Corporate Owner, Officer	or Director Partner			
Employee	Sole Proprietor			
Section F: Change to or Adding WSIB, Change to	o EC Work Type			
☐ The required supporting documents have b	een attached to this form.			
WSIB Account Number:				
Work Type: Residential Comme	ercial & Industrial Pole Line HVAC			
Street Lighting High Vo	oltage / Sub Station 🔲 Utility 🔲 Other			
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 Master Electrician or Authorized Signin	ng Official for the Business:			
Title:				
	·			
Signature	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