

Electrical Contractor Registration Agency of the Electrical Safety Authority

REPLACING A LICENCE FOR LOST OR DESTROYED DOCUMENTS

In the event that a Licence issued in accordance with Ontario Regulation 570/05, by the Electrical Contractor Registration Agency of the Electrical Safety Authority (ECRA/ESA), is lost or destroyed, upon production of satisfactory proof of such loss or destruction and upon completion of the ECRA/ESA Licence Replacement Form including payment, ECRA/ESA shall issue a duplicate of the original Licence to the Licensee. The Director may refuse to issue a replacement licence if the applicant is the holder of a licence that has failed to meet the requirements of the Licence or is revoked or suspended.

Replacement Fee is \$28.25 (including HST)

Part A: Applicant Information:				
First Name:	Middle Initial:	Last Name:	Date of Bi	rth: (DD/MM/YY)
Residence Address:				
(Street)	(City)		(Province) (Postal Code)	
Residence Phone Number: ()	Fax: (\		
Part B: Master Electrician Licence Replacement Information: (if applicable)				
Type: Master Electrician Licence				
Licence #:				
Required Documentation:				
☐ Copy of a Government issued Photo ID (Drivers Licence or Passport or Immigration card with photo)				
Part C: Electrical Contractor Licence Replacement Information: (if applicable)				
Type: Licence				
Licence #:				
Company Name: (as it appears on the Licence)				
Company Address:				
(Street)		(City)	(Province)	(Postal Code)
Required Documentation:				
A letter, on company letterhead, requesting the replacement Licence including the name and signature from one of the Owners, Partners, Officers or Directors of the Business that was included on the original application form.				
Part D: NOTICE AND CONSENT NOTE: PLEASE ENSURE THAT YOU HAVE READ THIS SECTION IN FULL BEFORE SIGNING BELOW.				
In order to complete or verify the information provided on this form, the Electrical Safety Authority (ESA) may collect information from or				
disclose information to government and non-government bodies. Only information relevant to your Licence will be collected or shared. I consent to the collection and disclosure of this information in this form. I understand that this information will be used for verification purposes				
only. Warning – It is an offence to knowingly provide false information on this application and any attachments.				
Signature: Dat	te:			
Part E: Payment options: (Credit Card, Cheque or Money Order)				
Credit Card ☐ (Check box if paying via credit card. We will conta	ct you prior to p	rocessing.)	Total \$	
OR Cheque # (payable to the Electrical Safety Authority): Money Order #				

Return to: ECRA of the ESA, 400 Sheldon Dr, Unit 1, Cambridge, ON N1T 2H9 **Fax:** 1-888-251-7377 or **Email**: esa.licensing@electricalsafety.on.ca