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**APPLICATION FORM FOR FULL IMPLEMENTATION INSPECTORS**

**CERTIFIED ELECTRICAL WIRING PROFESSIONAL –INSPECTOR (CEWP-I)**

Please attach 1 passport picture

**APPLICATION FORM**

**The Certified Electrical Wiring Professional-Inspector Certificate is issued to qualified personnel certified to undertake Inspection and Testing in accordance with the full implementation of the Electrical Wiring Regulation, 2011, L.I.2008.**

**FALSIFICATION IN FILLING OUT THIS APPLICATION IS SUFFICIENT CAUSE FOR REFUSAL TO ISSUE A REGISTRATION.**

**A-1 Applicants personal data (use block letters)**

SURNAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER NAME (S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TELEPHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEWP License PIN No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**original copy of License to be submitted)**

**A-2 Applicants to be licensed for Inspection and testing of: (check all that apply)**

Domestic elect installation Commercial elect installation Industrial elect installation

**A-3 Association/Professional Body**

Association/ Professional Body Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ECG/NEDCo District/Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Association Stamp & Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A-4 Applicants Level of Education**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF INSTITUTION** | **FROM** | **TO** | **CERTIFICATE** |
|  |  |  |  |
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**A-5 Applicants Work Experience (Installation Completion Certificates)**

Applicants will be required to produce the following as evidence of electrical wiring works carried out:

* Form A, B, & Minor Works Form (Used & Unused)
* Copies of Basic Test Sheets (If available)

***A-6 Processing Fee***

Payment of Processing Fees must be made to **Ghana Commercial Bank**

Account Name: **Energy Commission – Electrical Wiring Regulation**

Account no.: **1011130039212** Branch: **High Street Branch**

Fee: **GHC250.00**

***NB: PLEASE ATTACH ORIGINAL COPY OF PAY-IN SLIP TO THE FORM***

***A-7 I CERTIFY THE INFORMATION PROVIDED IS COMPLETE AND ACCURATE. I HAVE ALSO ENCLOSED THIS FORM WITH RECEIPT OF PAYMENT***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s Signature Date**

Please complete and return to:

***Office of the Energy Commission, District CEWP Association or Local GECA Office as well as any other center that will be communicated to you by the Energy Commission.***

**Locate our office at the Ghana Airways Avenue in the Airport Residential Area behind Alliance Française**

**Contact us on: 0506344713, 0249229306, 0302 813756-9 Email:** [**electricalghana@yahoo.com**](mailto:electricalghana@yahoo.com)

**A-8 Applicants Access to Electrical Tools/ Instruments**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME OF TOOL/ INSTRUMENT**  **(eg. Insulation Resistance Tester)** | **BRAND**  **(eg. Megger)** | **SERIAL NO.**  **(eg. 100187)** | **LAST DATE OF CALIBRATION**  **(eg. 10th Sept, 2016)** | **TOOL OWNERS NAME & CONTACT**  **(Yeboah Atinga & 029xxxxxx)** |
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