

SCHEDULE 1-C

Rule 4 (2)(c)

APPLICATION FORM FOR CONSULTANTS AND INSPECTORS

1. CONSULTANT Indicate Class A or B	INSPECTOR Indicate Class A or B
2. Full Name of Presenter:	
3. ID / Social Security No.:	
4. Business Name:	
5. Type of Ownership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company	
5. Mailing Address: (please use P.O. Box):	
6. Physical Address: (location address):	
7. Phone No.:	8. Fax No.:
9. Email Address:	
10. Contact Person if different from presenter: Name: _____ Phone No.: Email Address:	
11. Details of Each Director (if a corporate body): Name/Address/Telephone number a) b) c)	
12. Liability Insurance: Evidence of adequate insurance cover (A certificate of insurance MUST be attached to the application)	
13. Workmen's compensation insurance: <input type="checkbox"/> Available <input type="checkbox"/> Not Available If available state limit:	
15. Key staff (if corporate applicant): Electrical professionals: Managerial staff: Other professionals: (Attach list and profiles of key staff)	

16. STATEMENT OF OWNER/CHIEF EXECUTIVE

I certify that I shall maintain the required insurance and that I shall comply with all the applicable laws relating to electricity and any other Standards in force in Sierra Leone, at any given time.

I understand that providing false information on this application or in any report to the Commission may result in civil or criminal penalties or a revocation of the certificate. I am requesting.

Name: _____

Signature: _____ Date Signed: _____