



SIERRA LEONE ELECTRICITY AND WATER REGULATORY COMMISSION
PLUMBING CONTRACTORS' CERTIFICATE APPLICATION FORM

PART A

Application No:	Date Received:
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SCHEDULE 1-B

Please fill entire form and add receipt of Application Fee

1. Certificate Type A separate application must be filled for EACH separate certificate type	
<input type="checkbox"/> CIVIL CONTRATOR Indicate whether class 1, 2 or 3	
2. Business Name:	
3. National ID No.:	
4. 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: Name: _____ Phone No.: _____ Email Address: _____	



11. Liability Insurance:

(a) at least ---- LE

(b) at least ---- LE

(c) at least ---- LE

(A certificate of insurance MUST be attached to the application)

12. Workmen's compensation insurance:

Available

Not Available

If available state limit:

13. Plumbing Professional employed by the Contractor:

I agree to assign my certificate to the contractor and affirm that I shall comply with all the applicable provisions of the Water Supply laws, regulations, rules, the Certification of Contractors and Plumbing Professionals Rules, Water Codes, 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 my certificate.

(A contractor MUST be or employ at least a certified or Technician to qualify)

Name: _____ Certificate of Competence# _____

Signature: _____ Date signed: _____

14. Key staff:



Plumbing professionals:

Managerial staff:

Other professionals:

(Attach list and profiles of key staff)

15. STATEMENT OF OWNER

I certify that I shall maintain the required insurance and that I shall comply with all the applicable provisions of the Water Supply laws, regulations, rules, the Certification of Contractors and Plumbing Professionals Rules, Water Codes, 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: _____