

THE ELECTRICAL CONFORMANCE BOARD

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APPLICATION FOR ECB LISTING

	1.	PARTICULARS OF APPLICANT:	
	SURNAM	E OF APPLICANT:	
	NAME OF	APPLICANT:	
	ID NUMB	ER OF APPLICANT:	
	REGISTER	ED NAME:	
	TRADING	NAME:	
	State whe	ether your business is: SOLE PROPRIETOR/PARTNERSHIP/COMPA	NY/CLOSE CORPORATION(Delete which is not applicable)
	BUSINESS	REGISTRATION NUMBER:	/at Number
	PHYSICAL	ADDRESS:	
			POSTAL CODE
	POSTAL A	DDRESS:	
	•••••		POSTAL CODE
	TEL NO:	CELL NO	
	FAX NO:	EMAIL ADDRESS:	
	2.	STATE TYPE OF REGISTRATION YOU HAVE:	
	2.	STATE THE OF REGISTRATION TOO HAVE.	
		NCAL TESTER FOR SINGLE PHASE	YES/NO
	(b)INSTAL	LATION ELECTRICIAN	YES/NO
	IE No		
	(c)MASTE	R INSTALLATION ELECTRICIAN	YES/NO
	MIF No		
	3.(a) many tim	WHERE REGISTERED PERSON(S) IS/ARE EMPLOYED ON A FULL- es as the number of registered person/persons employed by the	FIME BASIS, COMPLETE THE FOLLOWING: (Section 3 can be filled in as business).
	SURNAM	E OF REGISTERED PERSON:	
NA	ME/S OF R	EGISTERED PERSON:	

ID NUMBER OF REGISTERED PERSON:
TYPE OF REGISTRATION: TSP/IE/MIE (Delete which is not applicable)
REGISTRATION NUMBER:
3.(b) BARGAINING COUNCIL NUMBER:
4. IN SUPPORT OF YOUR APPLICATION, PLEASE SUBMIT THE FOLLOWING:
(a) Certified copy of your ID and, where applicable, certified copies of ID's of registered person(s);
(b) Certified copy of business registration documents.;
(c) Certified copy of the relevant registration certificate(s) (Both sides) – wireman's licenses
(d) Certified copy of your DOL Registration certificate as an electrical contractor
5. I hereby consent, that the ECB may list my trading information with various organisations as they see fit and I agree to the following:
I agree to abide by the requirements of the Occupational Health and Safety Act, (Act 85 of 1993) and all of the applicable regulations and safety
standards prescribed, particular to electrical installations, such as the Electrical Installation Regulations, SANS10142-1 and any other regulations
that may be relevant to the type of work that I undertake. I also agree to follow the design and specification of the electrical design engineer and any
instructions from other professional parties appointed by the client, or from the client themselves providing that any such instruction does not
conflict with any statutory requirements contained in the documents described above including that of the designer and the laws of the Republic of
South Africa.
* I also state that I have in my possession the necessary tools, regulations, prescribed codes and access to the prescribed product standards if and wher
required, including all prescribed test equipment required to carry out the necessary tests as prescribed in the standards.
* I will ensure that general control by a registered person be exercised over all electrical installation work being carried out.
* I will issue CoC's in the prescribed format for all installation work as required by the EIR obtainable from the ECB or their outlets.
*I will whenever possible use the ECB CoC & Test Report, either in hard copy format, or the electronic version generated electronically and
obtainable from the ECB website
* I agree that my work may be inspected and tested by an ECB SA appointed inspector should the occasion arise. If a default is detected the cost for
rectifying the default will be carried by the defaulter.
* I will utilise only approved electrical material as prescribed and install them in terms of the manufacturer's instructions.
*I will whenever possible, produce my ECB Listing card to all my clients as proof of my DOL registration and ECB listing.
*I realise that the ECB Listing is an annual registration and to remain current and make use of all facilities, I must be in good standing.
 IMPORTANT NOTE:- If you have purchased e-COC's and your registration certificate with the ECB SA expires, and you still have credits, these will be suspended until you have registered with the DOL and ECB has received your new certificate as proof of registration. To re access the e-COC with ECB, you will need to :
Once your file has been uploaded with these documents, you will be given access to the website and your credits.
Purchasing of HARD COPIES of COC'S: These can be collected from our office in Silverton, or it can be posted or couriered out at additional costs. Kindly phone, fax or e-mail to make arrangements.

Signature of the applicant:......Date......

FOR OFFICE USE ONLY

Application: APPROVED/NOT APPROVED
Reason(s) for refusal:

.....Date.....