

Application for Inclusion on the Department's Register of Electrical Contractors

CONTRACTORS NAME	
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For Health Estates Use Only

Issue Date	
Return Date	

Application for inclusion on the Department's Register of Electrical Contractors

Name of the Company _____

Contact Name _____

Address for correspondence _____

Contact Telephone _____

Email Address _____

Website _____

Constructionline Registration Number _____

Signed _____

Print Name _____

Date: _____

Please include in the tables overleaf details of the projects completed by your firm in the last 3 years which fall within the facility categories indicated in the left hand column as well as indicating in the right hand columns the specific work categories undertaken. The work categories are described below:

Work Categories	Description
1	HV Mains Cabling and Switchgear Installation
2	MV Mains Cabling and Switchgear Installation
3	Lighting and Power Installation
4	Control, Alarm and Signalling Installation
5	Generator Plant Installation

Details of Projects Completed in the Last 3 Years

Facility Category	Project Details (inc name, location, value, duration, completion date)	Architect/Contract Administrator Contact Details Names, Full Address & Phone	Health & Social Care Trust Responsible Person Contact Details Names, Full Address & Phone	WORK CATEGORIES (See Page 1 for Details)				
				1	2	3	4	5
A. Health and Social Services Building – Simple Clinics and Health Centres, Old Person’s Homes, Children’s Homes, Residential Homes for people with Physical and/or Learning Disabilities, Day Centres, Training Centres, Geriatric Units etc and Simple Hospital Buildings with normal structures and services								
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