



REGISTRATION FOR (Written) EXAMINATION/ EXEMPTION (from written) EXAMINATION/ PRACTISING LICENCE APPLICATION

If you are not completing this form online please print clearly in black or blue pen ink and complete all required sections of this form.

Personal details

First Name	Middle Name	Last Name
Date of Birth _____ mm/dd/yr	Preferred Name _____	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Email Address (es) _____		
Home Address _____		
Business Address _____		
Employers' Name _____		
TRN _____	NIS Number _____	
Home Phone () _____	Work () _____	Mobile () _____

***** For Candidate sitting the Written Examination select the location by placing a tick in the box provided**

KINGSTON MANDEVILLE MONTEGO BAY

Academic Qualifications (Electrical)

(Attach Original Certificates, Diploma and degrees & Photostat Copies. These MUST be certified by a Justice of Peace)

Institution Name	Address and Telephone No.	Date Attended Start: end:	Diploma/Degree/ Certificate

Detail of ALL Practical Electrical Installation Experience

(Please note if the space provided is inadequate you may type or write the additional project information and attach same to this form.)

***** Written Examination candidates:** Attach evidence in writing from Employer(s) (letter) of all projects that you have worked on FIVE continuous years and position(s)/role(s).

Address to: Administrative Manager, Board of Examiners, 113 Washington Boulevard. P.O. Box 103, Kingston 20

***** Recommendation MUST be verified by a Justice of the Peace (JP).

Dates of Employment Start: end:	Employers' Name and Address	Telephone number

****** Exemption (from written) Examination candidates:** Attach evidence in writing from Employer(s) (letter) of all projects that you have worked on at minimum THREE continuous years and position(s)/role(s).

Address to: Administrative Manager, Board of Examiners, 113 Washington Boulevard. P.O. Box 103, Kingston 20

***** Recommendation MUST be verified by a Justice of the Peace (JP).

Applicant Signature _____ Date of Application _____

Approved By _____ Date of Approval _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for in this application may cause for cancellation of the application and/or suspension of license should it have been issued before the facts were made known in accordance with this application.