



**APPLICATION FORM FOR FULL IMPLEMENTATION  
INSPECTORS**

**CERTIFIED ELECTRICAL WIRING PROFESSIONAL –  
INSPECTOR (CEWP-I)**

# APPLICATION FORM

Please attach  
1 passport  
picture

The Certified Electrical Wiring Professional-Inspector Certificate is issued to qualified personnel certified to undertake Inspection and Testing in accordance with the full implementation of the Electrical Wiring Regulation, 2011, L.I.2008.

**FALSIFICATION IN FILLING OUT THIS APPLICATION IS SUFFICIENT CAUSE FOR REFUSAL TO ISSUE A REGISTRATION.**

**A-1 Applicants personal data (use block letters)**

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

OTHER NAME (S): \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

CEWP License PIN No: \_\_\_\_\_ (original copy of License to be submitted)

**A-2 Applicants to be licensed for Inspection and testing of: (check all that apply)**

Domestic elect installation  Commercial elect installation  Industrial elect installation

**A-3 Association/Professional Body**

Association/ Professional Body Name: \_\_\_\_\_

Chapter: \_\_\_\_\_ ECG/NEDCo District/Area: \_\_\_\_\_

Region: \_\_\_\_\_

Association Stamp & Signature: \_\_\_\_\_

**A-4 Applicants Level of Education**

<b>NAME OF INSTITUTION</b>	<b>FROM</b>	<b>TO</b>	<b>CERTIFICATE</b>

**A-5 Applicants Work Experience (Installation Completion Certificates)**

Applicants will be required to produce the following as evidence of electrical wiring works carried out:

Form A, B, & Minor Works Form (Used & Unused)  
Copies of Basic Test Sheets (If available)

**A-6 Processing Fee**

Payment of Processing Fees must be made to **Ghana Commercial Bank**

Account Name: **Energy Commission – Electrical Wiring Regulation**

Account no.: **1011130039212** Branch: **High Street Branch**

Fee: **GHC360.00**

**NB: PLEASE ATTACH ORIGINAL COPY OF PAY-IN SLIP TO THE FORM**

**REQUIREMENTS FOR CEWP-I**

A person who wishes to apply to be a CEWP-I must; be able to speak English fluently, be able to write a comprehensive report, know how to use testing instruments, and must be able to interpret test results.

**A-7 I CERTIFY THE INFORMATION PROVIDED IS COMPLETE AND ACCURATE. I HAVE ALSO ENCLOSED THIS FORM WITH RECEIPT OF PAYMENT**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Please complete and return to:

**Office of the Energy Commission, District CEWP Association or Local GECA Office as well as any other center that will be communicated to you by the Energy Commission.**

Locate our office at the Ghana Airways Avenue in the Airport Residential Area behind Alliance Française

Contact us on: 0506344713, 0249229306, 0302 813756-9

Email: [electricalghana@yahoo.com](mailto:electricalghana@yahoo.com)

