



**APPLICATION FORM FOR ELECTRICAL WIRING
CERTIFICATION**

COMMERCIAL

(HOTELS, CHURCHES, MARKETS, SHOPS, BLOCK FACTORIES, FILLING STATIONS, OFFICE
BUILDINGS, SCHOOLS, BANKS, SHOPPING MALLS, ETC)

MAY/JUNE 2015

APPLICATION FORM

Please
attach 2
passport
pictures

The Electrical Wiring Professional Certificate is issued to qualified personnel certified to undertake safe electrical wiring in accordance with 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): _____

GENDER: _____ EMAIL: _____

TELEPHONE NUMBER (MOBILE): _____

ADDRESS: _____

SPECIFIC PLACE OR AREA OF WORK (AREA, TOWN & REGION): _____

DRIVERS LICENSE No. / VOTERS ID No. / PASSPORT No.: _____ (ATTACH PHOTOCOPY)

A-2 Examination / Registration Centre (tick only one (1) option)

- Accra (Accra Technical Training Institute)
- Kumasi (Kumasi Technical Training Institute)
- Sunyani (Catholic Technical Institute)
- Takoradi (Takoradi Technical Training Institute)
- Tamale (Tamale Polytechnic)

A-3 Relative's Contact (mother, father, wife, brother, sister, etc.)

SURNAME: _____

FIRST NAME: _____

TELEPHONE NO: _____

A-4 Applicants Level of Education

NAME OF INSTITUTION	FROM	TO	CERTIFICATE

A-5 Applicants Work Experience

NAME OF FIRM	FROM	TO	ADDRESS AND CONTACT NO.

A-6 Examination Fee

Payment of Examination Fees must be made to **GHANA COMMERCIAL BANK**

Branch: **HIGH STREET BRANCH**

Account Name: **ENERGY COMMISSION – ELECTRICAL WIRING REGULATION**

Account no. **1011130039212**

Fee for **Commercial: GHC 400**

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

Price quoted above cover only the application forms and examination. Cost of ID Cards, Certificates, Seals, Installation Forms are not included and shall be paid for by successful applicants.

PLEASE NOTE:

(EXAMINATION DATE is 20th JUNE 2015, 8:00 am at your chosen venue.)

A-7 I CERTIFY THE INFORMATION PROVIDED IS COMPLETE AND ACCURATE, AND ALSO READ AND AGREED ON ALL TERMS AND CONDITIONS.

Applicant's Signature

Date

Please return to any of the following **BEFORE 15TH May 2015**

(FORMS SUBMITTED AFTER 15th MAY 2015 WILL NOT BE ACCEPTED)

REGION	INSTITUTION / LOCATION	CONTACT NUMBER
GREATER ACCRA	ENERGY COMMISSION BEHIND ALLIANCE FRANCAISE AIRPORT RESIDENTIAL AREA	0506344713 0249229306 0302813756
ASHANTI REGION	SAMUEL AKUAMUAH BOATENG KUMASI TECHNICAL INSTITUTE (KTI)	0208113405
WESTERN REGION	MR ESHUN TAKORADI TECHNICAL INSTITUTE (TTI) SOLOMON APPIAH	0243478115 0264044463
NORTHERN REGION (TAMALE)	MR VITALIS ALI TAMALE POLYTECHNIC	0244586652
BRONG AHAFO REGION	MR. GYIMAH SUNYANI POLYTECHNIC ALEX OSEI KWAKU	0268362437 0203437507 0208200611
CENTRAL REGION	EBO MENSAH	0544854509
EASTERN REGION	NANA ADDO TETEBO	0208166017 0342026085
VOLTA REGION	MR. DIABA MENSVIC	0208117713 0203971347
UPPER EAST REGION	KANSANG RICHARD	0206662138
UPPER WEST REGION	ABUDULAI SALIFU	0244580990