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**IMPORTANT: Please PRINT or TYPE all information**

## Notice of Change to Information

*Select Change Type(s):*

Change Business Name  Change Address/Phone/Fax/Email  Change Directors/Partners  Change OCOT/CofQ or WSIB

\*I would like to receive my ESA correspondence by (select one):  Mail  Fax  Email

<b>Requested Licence Changes Pertain to:</b> (you <u>must</u> provide Licence and Account Information for changes below)			
Electrical Contractor <input type="checkbox"/>		Master Electrician <input type="checkbox"/>	
		Both <input type="checkbox"/>	
ECRA/ESA Electrical Contractor Licence Number:		Electrical Contractor Customer Account Number:	
LEC Business Name:			
ECRA/ESA Master Electrician Licence Number:		Master Electrician Customer Account Number:	
ME Licence Holder Name:			
<b>Section A: Change of Business Name</b>			
Electrical Contractor Licensee Information; we are changing/adding to the company's name <input type="checkbox"/> Yes <input type="checkbox"/> No			
Current Legal Company Name:		Current Operating Name:	
Company Name is changing to:			
<b>Section B: Change of Address/Phone/Fax/Email</b>			
New Address: _____ (Street Number, Street Name, Suite/Unit) _____ (City) _____ (Province) _____ (Postal Code)			
If change is for Electrical Contractor; <b>ON Service</b> _____ (Street Number, Street Name, Suite/Unit) _____ (City) _____ (Province) _____ (Postal Code)			
New Phone Number: ( ) _____		New Fax Number: ( ) _____	
New Email: _____		Is this the same Email used for Online Applications? <input type="checkbox"/> Yes <input type="checkbox"/> No	
New Website: _____			
<b>Section C: Change of Principal Director(s), Officer(s), Owner(s), or Partner(s) Information</b>			
<input type="checkbox"/> New <input type="checkbox"/> Terminating		Effective Date of Change: _____ (YYYY MM DD)	
First Name:		Middle Name:	Last Name:
Residence Address: (Street Number, Street Name, Suite/Unit, City, Province, Postal Code)			
Residence Telephone: ( ) _____		Position held in Company:	Date of Birth _____ (YYYY MM DD)
<b>Section D: Change to Company OCOT/Certificate of Qualification Holder, or WSIB</b>			
Journeyman Electrician/ Powerline Technician Name:		WSIB Account Number:	
Indicate Position held in the Company: <input type="checkbox"/> A Corporate Owner, Officer, or Director <input type="checkbox"/> A Partner <input type="checkbox"/> An Employee			
Qualification Type: <input type="checkbox"/> 309A,309D <input type="checkbox"/> 309C,309E <input type="checkbox"/> 434A <input type="checkbox"/> 442A <input type="checkbox"/> Other _____			
Ontario College of Trades Membership Number:		Expiry Date: _____ (YYYY MM DD)	

\_\_\_\_\_  
 Name of Authorized Signing Officer (please PRINT) or Master Electrician if this is a change to the Master Electrician Licence Information

\_\_\_\_\_  
 Signature (I am signing this change form on behalf of the Electrical Contracting business named above and am authorized by the business to do so)

\_\_\_\_\_  
 Title:

\_\_\_\_\_  
 Date:

## Notice of Change to Information Checklist

**(Please read the form carefully and complete all applicable sections as described below. Ensure you provide the applicable account number(s) and Licence numbers(s) you wish to make changes to.)**

**Section A:** If the legal company name or operating name is changing, we require business registration documents to be submitted that reflect the change. This could be demonstrated through a Master Business Licence or Articles of Incorporation or Amalgamation. An updated Certificate of Insurance is also required.

**Section B:** Please make any changes to your contact information. If you are an Electrical Contractor requesting a change of address outside Ontario **OR** your mailing address is a PO Box, you must also provide an address for service in Ontario (for our records only).

**Section C:** If you have a new/terminating director/officer/owner in the business, we require business registration documents that reflect the change. Please complete a Notice of Change form for each new or terminating director/officer/owner.

**Section D:** Please be sure to include a copy of the Certificate of Qualification and/or Ontario College of Trades Membership card to make any changes. A valid WSIB Account Number is required to update/change the WSIB information on file for an Electrical Contractor.

Please ensure the bottom of the form is completed with the name and signature of an Authorized Signing Officer. All changes made to a Master Electrician Licence must be authorized by the Licensee. Changes made to an Electrical Contractor Licence must be authorized by a registered company principal/officer/owner/partner.

**Warning – It is an offence to knowingly provide false information on this application and any attachments**