400 Sheldon Dr, Unit 1 Cambridge ON N1T 2H9
Phone: (877)372-7233 Fax: (888)251-7377
Email: esa.licensing@electricalsafety.on.ca

Electrical Contractor Registration Agency of the Electrical Safety Authority

Inspection Notifications Transfer Form

Section A: Electrical Contractor Transferring Inspection Notifications

Electrical Contractor Name:

Electrical Contractor Licence Number	Electrical Contractor Licence Expiry Date:	ESA Account Number:

Reason for Transferring Inspection Notifications:

If you are closing your business have you provided the business closure documentation to the licensing department and returned your Electrical Contractor Licence? ☐ Yes ☐ No

Company Principal Authorizing Inspection Notification Transfer:	Position Held by Company Principal Authorizing Inspection Notification Transfer:

I/We understand that I/We are no longer permitted to perform the electrical work at the sites indicated on the inspection notifications being transferred; and
I/We confirm that I/We have notified the owner, occupant, landlord, or tenant that another licensed electrical contractor will resume the electrical work; and
I/We confirm that I/We have left the premises in a safe condition ; and
I/We understand that I/We are signing this transfer form on behalf of the Electrical Contracting business named in Section A and am/are authorized by the business to do so:

Signature: **Date:**

Section B: Electrical Contractor Accepting Inspection Notifications

Electrical Contractor Name:

Electrical Contractor Licence Number	Electrical Contractor Licence Expiry Date:	ESA Account Number:

Company Principal Authorizing Inspection Notification Transfer:	Position Held by Company Principal Authorizing Inspection Notification Transfer:

I/We understand that I/We are responsible for the remaining electrical work at the sites indicated on the inspection notifications being transferred; and
I/We understand that I/We are responsible to notify the owner, occupant, landlord, or tenant that I/We will be resuming the electrical work; and
I/We understand that I/We are responsible for any electrical defects on the transferred inspection notifications; and
I/We understand that the Electrical Contractor transferring these inspection notifications is not permitted to perform electrical work at this site with respect to the work identified in the inspection notifications ; and
I/We understand that I/We are signing this transfer form on behalf of the Electrical Contracting business named in Section B and am/are authorized by the business to do so:

Signature: **Date:**

Section C: Inspection Notifications Being Transferred *(if you require additional space, please attach an additional sheet)*

Inspection Notification Number	Type of Inspection(s) Remaining (*Rough In/Service/Final*)	Ready for Inspection? (Yes/No, will notify when ready)	Requested Date of Inspection

BY SUBMITTING PERSONAL INFORMATION TO THE ELECTRICAL SAFETY AUTHORITY, OR ITS AGENTS AND SERVICE PROVIDERS, YOU AGREE THAT ESA MAY COLLECT, USE AND DISCLOSE SUCH PERSONAL INFORMATION IN ACCORDANCE WITH ITS PRIVACY POLICY, APPLICABLE LAWS OR PURSUANT TO OUR ADMINISTRATIVE AGREEMENT WITH THE PROVINCE OF ONTARIO. If you provide us with the personal information on behalf of another individual, you represent that you have all necessary authority and/or have obtained all necessary consents from such individual to enable us to collect, use and disclose such personal information for the purposes set forth in our Privacy Policy. A copy of our policy is located on our website at www.esasafe.com and www.esaecra.info.

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