



Electrical Contractor Registration Agency of the Electrical Safety Authority

REPLACING A LICENCE FOR LOST OR DESTROYED DOCUMENTS

In the event that a Licence issued in accordance with Ontario Regulation 570/05, by the Electrical Contractor Registration Agency of the Electrical Safety Authority (ECRA/ESA), is lost or destroyed, upon production of satisfactory proof of such loss or destruction and upon completion of the ECRA/ESA Licence Replacement Form including payment, ECRA/ESA shall issue a duplicate of the original Licence to the Licensee. The Director may refuse to issue a replacement licence if the applicant is the holder of a licence that has failed to meet the requirements of the Licence or is revoked or suspended.

Replacement Fee is \$28.25 (including HST)

Part A: Applicant Information:

First Name:	Middle Initial:	Last Name:	Date of Birth: (DD/MM/YY)
Residence Address:			
(Street)		(City)	(Province) (Postal Code)
Residence Phone Number: () Fax: ()			

Part B: Master Electrician Licence Replacement Information: (if applicable)

Type: Master Electrician Licence
Licence #: _____
Required Documentation:
 Copy of a Government issued Photo ID (Drivers Licence or Passport or Immigration card with photo)

Part C: Electrical Contractor Licence Replacement Information: (if applicable)

Type: Electrical Contractor Licence
Licence #: _____
Company Name: (as it appears on the Licence) _____
Company Address:

(Street) (City) (Province) (Postal Code)
Required Documentation:
 A letter, on company letterhead, requesting the replacement Licence including the name and signature from one of the Owners, Partners, Officers or Directors of the Business that was included on the original application form.

Part D: NOTICE AND CONSENT

NOTE: PLEASE ENSURE THAT YOU HAVE READ THIS SECTION IN FULL BEFORE SIGNING BELOW.

In order to complete or verify the information provided on this form, the Electrical Safety Authority (ESA) may collect information from or disclose information to government and non-government bodies. Only information relevant to your Licence will be collected or shared. I consent to the collection and disclosure of this information in this form. I understand that this information will be used for verification purposes only.
Warning – It is an offence to knowingly provide false information on this application and any attachments.

Signature: _____ Date: _____

Part E: Payment options: (Credit Card, Cheque or Money Order)

Credit Card: (Please circle one) VISA M/C AMEX	Name on Card: _____	Total \$
Card Number: _____	Expiry Date: ____ / ____	CVV: _____
OR Cheque # (payable to the Electrical Safety Authority): _____ Money Order # _____		

Return to: ECRA of the ESA, 400 Sheldon Dr, Unit 1, Cambridge, ON N1T 2H9

Fax: 1-888-251-7377 or **Email:** esa.licensing@electricalsafety.on.ca