

**Certification**       **Re-Certification** (Tick One Box)

**1) Candidate's Details**

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Transport Agency:** \_\_\_\_\_ **Division:** \_\_\_\_\_

**Gold Card Number:** \_\_\_\_\_ **D.O.B** \_\_\_\_\_

**Nominated Accreditations:** \_\_\_\_\_

Select from PR D 78701 Personnel Certifications – Electrical

I have been trained, assessed and have the necessary knowledge, skills and qualifications to be able to perform the duties which I have applied for. I understand the limitations of my authorisation.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**2) Training Requirements (Fill in for Certification Only)**

Mandatory Training	Date of Latest Training Initial or Refresher	Evidence of Training e.g. RTO Certificate, Ellipse Record,
Sydney Trains Electrical Network Safety Rules*		
CPR *		
Release from Live Low voltage *		
Pole Top Rescue *		
EWP Escape, Release & Rescue *		
Switching Assessment * if applicable		

\*Denotes training that requires an annual refresher

**3) Line Manager's Endorsement**

That the above mentioned person for who authorisation is applied;

- Is required to maintain/obtain all authorisations noted above **and**,
- Logbooks for nominated authorisations (AES02,04,05,06,07,08,13,15,16,19,22) have been completed, reviewed and certified for recertification.

**Line Manager's Endorsement** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Name Signature

**4) Transport Service Senior Manager's Approval**

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Manager's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**5) Certificates (Certification Only)**

Provide copies of all relevant certificates/training records as indicated in the requirements of the nominated Authorisations as listed in PR D 78701.

**6) Submission**

Please complete this form, sign and return this form with **ALL** supporting documentation to Electrical Assessments [Electrical.Assessments@transport.nsw.gov.au](mailto:Electrical.Assessments@transport.nsw.gov.au)