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| Tick One Box |  |  |
|[ ]  Certification |

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| --- |
|[ ]  Re-Certification |

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| 1. Candidate’s Details |
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|  |  |  |
| Name |  | Position |

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|  |  |  |
| Transport Agency |  | Division |

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|  |  |  |
| Gold Card Number |  | RIW Card Number |

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|  |  |  |
| Nominated Accreditations(Select from PR D 78701 Personnel Certifications – Electrical) |  | Date of Birth |

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| 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.

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|  |  |  |
| Signature of Applicant |  | Date |

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| 2. Training Requirements (Fill in for Certification Only) |
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| 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\* |  |  |

\*Denotes training that requires an annual refresherProvide copies of all relevant certificates/training records as indicated in the requirements of the nominated Authorisations as listed in PR D 78701. |

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| 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.

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|  |  |  |  |  |
| Name |  | Signature |  | Date |

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| 4. Business Requirement |
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| Name |  | Position Level 5 Manager or above |

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|  |  |  |
| Signature |  | Date |

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| 5. Business Unit Manager |
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| Name |  | Position Level 4 Manager or above |

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|  |  |  |
| Signature |  | Date |

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| 6. Submission |
| Please complete this form, sign and return with ALL supporting documentation to Electrical Assessments Electrical.Assessments@transport.nsw.gov.au. |