

SWITCHING LICENCE REGISTRATION / RENEWAL

 Refer to: ElectraNet Switching Manual, Section 12
www.electranet.com.au/news&publications/technicaldocuments

 To: Switching Licencing, ElectraNet, 300 Pirie St, Adelaide SA, 5000
 Telephone: 8404 7152 Email: switching.licence@electranet.com.au

Last Name:		PLEASE PRINT	
First Name:		Date of Birth:	/ /
Residential Address:			
Postal Address:			
Training Provider:		Trainer:	
Training Assessor:		Assessment Date:	/ /
Category(s):			
Switching Restrictions:			
Employer:			
Business Contact Phone Number:	()	Business Contact Mobile Number:	

I consent to the collection and storage of the above personal information and understand that it will not be disclosed to any other organisation without my permission.

Signature: _____

Date: ____ / ____ / ____

TRAINING ASSESSORS CERTIFICATION OF COMPETENCY:

Name: _____ Signature: _____ Date: ____ / ____ / ____

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FOR OFFICE USE ONLY

PROCESSED: