



# Cayman Islands Government Application for Electrical License

Department of Planning  
P.O. Box 113  
Grand Cayman KY1-9000  
CAYMAN ISLANDS

Phone: (345) 769-7526 Fax: (345) 769-2228

(APPLICANT'S SURNAME) (FIRST NAME) (MIDDLE NAME OR INITIAL)

(ADDRESS IN THE CAYMAN ISLANDS) (CAYMAN ISLANDS PH NO.)

YRS. OF EXPERIENCE \_\_\_\_\_ AGE \_\_\_\_\_ NATIONALITY \_\_\_\_\_

DO YOU HAVE CAYMAN STATUS? YES / NO MARRIED TO CAYMANIAN? YES / NO PERMENANT RESIDENT? YES / NO

### (LIST BELOW MOST RECENT EMPLOYMENT WHETHER ABROAD OR IN GRAND CAYMAN)

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PH. NO. \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ UNTIL: \_\_\_\_\_

*Provide details of local company with whom applicant will be employed.*

EMPLOYER: \_\_\_\_\_

ADDRESS \_\_\_\_\_ PH. NO. \_\_\_\_\_

WORK PERMIT ISSUED: Yes / No RESPONSIBLE PERSON LICENSE NO: \_\_\_\_\_ T & B LICENSE NO. \_\_\_\_\_

NO. OF ELECTRICIANS IN COMPANY: \_\_\_\_\_ NO. OF WIREMEN: \_\_\_\_\_ NO. OF APPRENTICE: \_\_\_\_\_

I HERBY APPLY FOR THE GRANT OF A LICENCE, UNDER THE CAYMAN ISLANDS ELECTRICITY LAW TO PRACTICE AS:

**(CIRCLE ONE CATEGORY FOR WHICH LICENCE IS BEING SOUGHT)**

- (A) ELECTRICAL ENGINEER
- (B) MASTER ELECTRICIAN
- (C) ELECTRICIAN

- (D) WIREMAN \*\*\*
- (E) APPRENTICE \*\*\*
- (F) LINEMAN \*\*\*

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF EMPLOYER (\*\*\*) **REQUIRED** \_\_\_\_\_

DATE \_\_\_\_\_

#### ATTACHMENTS NECESSARY

- 1. Copies of original certificate or diplomas
- 2. Two or more written reference of character & work proficiency (one shall be from most recent employer)
- 3. Recent full face photographs – Passport Size

- 4. Submit proof of Immigration Status (Passport/Marriage license)
- 5. Provide a copy of work permit, if required.
- 6. Letter of recommendation from employer. (Apprentice Only)
- 7. Provide copy of current Trade & Business License
- 8. Provide list of all electrical employees and their license number.

#### OFFICE USE ONLY:

Application Fee \_\_\_\_\_ Receipt No. \_\_\_\_\_

LICENCE NO \_\_\_\_\_ Date of Issue \_\_\_\_\_

Licensing Fee \_\_\_\_\_

Receipt No. \_\_\_\_\_ Date \_\_\_\_\_

Paid Stamp