



Office of the Fire Commissioner
Inspection and Technical Services Manitoba
500-401 York Avenue
Winnipeg Manitoba Canada R3C 0P8
Phone: (204) 945-3373
Fax: (204) 948-2309

Application for Electrical Licence
The Electricians' Licence Act

ITSM Form 11

| I. Personal Information | | | | |
|--|--|---|--|--|
| FIRST NAME | MIDDLE INITIAL | SURNAME | | |
| ADDRESS | | CITY/TOWN | POSTAL CODE | |
| MAILING ADDRESS | | PRIMARY PHONE | CELL PHONE | |
| E-MAIL ADDRESS | | SOCIAL INSURANCE NUMBER | | |
| II. Licence Information | | | | |
| Select the Electrical Licence you are requesting: | | | | |
| <input type="checkbox"/> Construction Journeyman Electrician | | <input type="checkbox"/> Industrial Journeyman Electrician | | <input type="checkbox"/> PE Power Electrician |
| or | | | | |
| Select the Limited Specialized Trade - Electrical Licence you are requesting: | | | | |
| <input type="checkbox"/> M-A Limited Elevator | <input type="checkbox"/> M-B Limited Electric Sign | <input type="checkbox"/> M-C Limited Deep Well Pump | <input type="checkbox"/> M-D Limited Generator | <input type="checkbox"/> M-E Limited Recreational Vehicle |
| <input type="checkbox"/> M-F Limited Alarm Installer | <input type="checkbox"/> M-G Limited Refrigeration | <input type="checkbox"/> M-H Limited Electronic | <input type="checkbox"/> M-I Limited Instrument Mechanic | <input type="checkbox"/> M-L Limited Appliance Repair |
| <input type="checkbox"/> M-M Limited Motor Winder | <input type="checkbox"/> M-N Electronic Equipment Radio & TV | <input type="checkbox"/> M-P Limited Power Line | <input type="checkbox"/> M-S Limited Fire Alarm | <input type="checkbox"/> M-T Limited Technician & Technologist |
| <input type="checkbox"/> M-U Limited Utility | <input type="checkbox"/> M-V Limited Voice Data Video | Other (Please specify): _____ | | |
| III. Verification Documents | | | | |
| If you are an applicant certified in Manitoba, you are required to provide proof of qualification in order to obtain a Manitoba Licence. | | | | |
| <input type="checkbox"/> Submit a copy of your certificate of qualification or Interprovincial red seal with this application. | | | | |
| or | | | | |
| If you are an applicant who holds a valid licence issued by another Province or Territory, you are required to provide a copy of your valid licence with this application in order to obtain a Manitoba Licence. | | | | |
| <input type="checkbox"/> Submit a copy of your valid licence with this application. | | | | |
| SIGNATURE | | DATE (YYYY/MM/DD) | | |

| INSPECTION AND TECHNICAL SERVICES MANITOBA OFFICE USE ONLY | | |
|--|----------|-------------------|
| <input type="checkbox"/> Licence issued in person | COMMENTS | SIGNATURE |
| <input type="checkbox"/> Licence mailed | | DATE (YYYY/MM/DD) |
| <input type="checkbox"/> Other (see comments) | | |