

**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  
Reinstatement*****The Electricians' Licence Act***

ITSM Form 12

<b>I. Personal Information</b>				
FIRST NAME		MIDDLE INITIAL		SURNAME
ADDRESS			CITY/TOWN	POSTAL CODE
MAILING ADDRESS			PRIMARY PHONE	CELL PHONE
E-MAIL ADDRESS			SOCIAL INSURANCE NUMBER	
<b>II. Licence Reinstatement Information</b>				
Select the Electrical Licence you are requesting reinstatement of:				
<input type="checkbox"/> Construction Journeyman Electrician		<input type="checkbox"/> Industrial Journeyman Electrician		<input type="checkbox"/> PE Power Electrician
<b>or</b>				
Select the Limited Specialized - Electrical Licence you are requesting reinstatement of:				
<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): _____		
<b>III. Verification Documents</b>				
<input type="checkbox"/> Submit a copy of your photo identification. (Photo identification is required to issue reinstated licence).				
<input type="checkbox"/> Submit letter(s) from your employer(s) verifying your continuous work in the trade during the period when licence was lapsed.				
<b>or</b>				
<input type="checkbox"/> Submit an Experience Self Declaration ITSM Form 04 made before a Commissioner for Oaths where it is not possible to obtain letter(s) from employer(s).				
SIGNATURE			DATE (YYYY/MM/DD)	

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