

Electrical Contractor Competency Certificate Termination Request

1-Company / Establishment Information		
Company / Establishment Name:		
Address:	Offic Tel No: E-mail : Web site Address:	Mobile No:
2-Electrical Contractor Competency Certificate Number:		
3- Competency Certificate Category: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Fifth		
4-Competency Certificate Issue Date:		
5-Competency Certificate Expiry Date:		
6- The reason for the request:		
<p>7. I acknowledge that this request does not affect or harm the interests of the project owners or stakeholder. I take full responsibility for this request without any responsibility on the the Approving Committee/AADC</p>		
8.Applicant Authorised Signature and Stamp:		Date : / /

For Official Use :			
<input type="checkbox"/> Contractor's Competency Certificate Termination Request is rejected due to the followingh Reasons:			
1-			
2-			
3-			
<input type="checkbox"/> Contractor's Electrical Contractor Competency Certificate Termination Request is accepted.			
Approving Committee Members Signature :			
Approving Committee Coordinator Signature:			
Approving Committee Head Approval & Signature :			
Date :			

Note : This request must be submitted at least sixty days before the Competency Certificate expiry.