

APPLICATION FOR REGISTRATION AS A
PROFESSIONAL ELECTRICAL
CONTRACTOR (PEC)

MEMBER IN ALBERTA



**Submit Completed Application to Office of Registrar
Electrical Contractors Association of Alberta
17725 103 Avenue, Edmonton AB T5S 1N8
ecaa@ecaa.ab.ca
780.451.2412**

Annual registration fee of \$250 due at next membership billing term.

PEC MEMBERSHIP APPLICATION FORM

— PROFESSIONAL ELECTRICAL CONTRACTOR (PEC) PROGRAM



SECTION 1 - APPLICANT PERSONAL IDENTIFICATION

Full Name :

Date Of Birth :

Address :

City/Town & Province : Postal Code :

Primary Phone : Alternate Phone :

E-Mail :

I identify my gender as : Male Female Non Binary I prefer not to answer

Alberta Master Electrician License No. (Issued by Safety Codes Council) :

Certified Master Electrician (CME) ID No. (Issued by ECAA) :

Field of Practice (Residential, Commercial, Industrial, Electrical Engineering, Installation, Maintenance if Other, Please indicate) :

Application Date :

SECTION 2 - PEC APPLICANT CURRENT EMPLOYER

Business Name :

Address :

City/Town & Province : Postal Code :

Business Phone :

Business E-Mail :

I consent to the ECAA contacting my employer

I DO NOT consent to the ECAA contacting my employer

PEC MEMBERSHIP APPLICATION FORM

— PROFESSIONAL ELECTRICAL CONTRACTOR (PEC) PROGRAM



SECTION 3 - APPLICATION SUPPLEMENTARY REQUIREMENTS

- Copy of Government Issued Photo ID
- Copy of your current Alberta Master Electrician ID (Issued by Safety Codes Council)
- Copy of your current Certified Master Electrician (CME) ID (Issued by ECAA)
- PEC Student Membership in Good Standing
- Signed letter from current employer acknowledging this application.
- By checking this box, you agree to be contacted by ECAA and will be added to our email distribution list.
- By checking this box, you agree to be listed in the membership directory on ecaa.ab.ca

SECTION 4 - APPLICANT PROFESSIONAL VALIDITY

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Are you personally bondable (<i>You are insurable under a bond or surety agreement with no criminal record and able to pass a criminal background check</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had your Master Electrician License suspended or revoked?
a. If yes, for what reason? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been found to be liable or proven responsible for faulty electrical work? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is or has your professional/certified conduct ever been under investigation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you or have you been affiliated with other Professional Associations?
a. If yes, which ones? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Will you be receiving revenue as a Professional Electrical Contractor for providing Professional advice and/or opinions?
a. If yes, will you have the appropriate Professional Errors & Omissions Insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is appropriate corporate liability insurance in place? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is appropriate WCB in place? Active WCB# _____ | <input type="checkbox"/> | <input type="checkbox"/> |

PEC MEMBERSHIP APPLICATION FORM

PROFESSIONAL ELECTRICAL CONTRACTOR (PEC) PROGRAM



SECTION 5 - APPLICANT REFERENCES

All applicants shall include the name and contact information of two (2) character references (one of whom must be a PEC and the other a recognized professional). References will be sent a form to complete and return prior to the PEC application being approved. References must have known the applicant for a minimum of two years or PEC interview and must not be related to the applicant.

REFERENCE #1

Full Name	:	<input type="text"/>	Title/Designation	:	<input type="text"/>
			Designation Number:	:	<input type="text"/>
Address	:	<input type="text"/>			
City/Town & Province	:	<input type="text"/>	Postal Code	:	<input type="text"/>
Primary Phone	:	<input type="text"/>	Alternate Phone	:	<input type="text"/>
E-Mail	:	<input type="text"/>			

REFERENCE #2

Full Name	:	<input type="text"/>	Title/Designation	:	<input type="text"/>
			Designation Number:	:	<input type="text"/>
Address	:	<input type="text"/>			
City/Town & Province	:	<input type="text"/>	Postal Code	:	<input type="text"/>
Primary Phone	:	<input type="text"/>	Alternate Phone	:	<input type="text"/>
E-Mail	:	<input type="text"/>			

PEC MEMBERSHIP APPLICATION FORM

— PROFESSIONAL ELECTRICAL CONTRACTOR (PEC) PROGRAM



SECTION 6 - DECLARATION

This document is strictly confidential and remains the property of ECAA. However, the Association retains the right to publicize the name of a new member.

I certify that, to the best of my knowledge, the information provided on this form is true.

Applicants Signature

Date

Witness Name

Witness Signature

SECTION 7 - STATUTORY DECLARATION

In the matter of my application to the Electrical Contractors Association of Alberta (for) my registration as a Professional Electrical Contractor (PEC) Student Member:

I _____ of _____ in the Province
Name of Applicant City

of _____ do solemnly declare that **a)** I am the person referred to in the documents submitted in support of my application; **b)** the information submitted is true and accurate, and that no relevant and pertinent information has been left out; **c)** I am working toward the requirement of Section 9 (b)(i) of the Professional Electrical Contractor and Master Electrician Regulation. (AR 106/2008) and I make this solemn declaration conscientiously believing it to be true.

As a Professional Electrical Contractor (PEC), I subscribe to the Code of Ethics and the Code of Good Practices of the Electrical Contractors Association of Alberta.

Declared before me at _____ in the Province of _____

this _____ day of _____, _____

Declarant's Signature

Commissioner for Oaths, Notary Public
or J.P. in and for the Province of Alberta

***Failure to disclose and complete information may be considered sufficient grounds to refuse or to revoke registration.**

**Submit your completed application to
Office of the Registrar
Electrical Contractors Association of Alberta
17725 103 Avenue, Edmonton AB T5S 1N8
ecaa@ecaa.ab.ca**