



How to Complete the Notice of Change to Licence Information

Ontario Regulation 570/05 made under the Electricity Act, 1998

Please read the form carefully and complete all applicable sections as described below. Ensure you provide the applicable account number(s) and Licence numbers(s) you wish to make changes to.

Section A: Identify the type of change and licence that the change request(s) applies to.

Section B: If the legal company name or operating name is changing, we require business registration documents to be submitted that reflect the change. This could be demonstrated through a Master Business Licence or Articles of Incorporation or Amalgamation. An updated Certificate of Insurance is also required. If you have a WSIB account, proof of this update is also required.

Section C: Please make any changes to your contact information. If you are an Electrical Contractor requesting a change of address outside Ontario **OR** your mailing address is a PO Box, you must also provide an address for service in Ontario.

Note: these change requests are for your ESA account level, and not your online services profile(s). If you are an ESA Online user, ensure you log in and update any necessary changes to your email address or phone number in your profile(s).

Section D: If you have a new/terminating director/officer/owner in the business, we require business registration documents that reflect the change. Please complete a Notice of Change form for each new or terminating director/officer/owner.

Section E: Please be sure to include a copy of the Certificate of Qualification and/or Skilled Trades Ontario card to make any changes.

Section F: A valid WSIB Account Number is required to update/change the WSIB information on file for an Electrical Contractor.

Authorization, Notice and Consent: Please ensure the bottom of the form is completed with the name and signature.

All changes made to a Master Electrician Licence must be signed by the Master Electrician.

All changes made to an Electrical Contractor Licence must be signed by a registered company principal/officer/owner/partner.

All licensees shall notify the Director of any change to the information provided in their licence application or renewal of licence application within five (5) business days of the change.

Warning – It is an offence to knowingly provide false information on this application and any attachments.



Notice of Change: Licence Information

Email: esa.licensing@electricalsafety.on.ca
400 Sheldon Dr, Unit 1, Cambridge, ON N1T 2H9

Date Received: *Office Use*
Processed by: *Only*

Phone: 1-877-372-7233
www.esasafe.com/licensing

Section A: Type of Change and Licensee Information

Select Change Type(s)	☐ Change of Business Name	☐ Change of Address / Phone / Email
	☐ Change of Directors / Partners	☐ Change of STO (OCOT) / CofQ or WSIB
Changes Pertain to: ☐ Electrical Contractor Licence ☐ Master Electrician Licence ☐ Both		
Provide the Name and licence number for the applicable licence		
LEC Business Name:		
EC Licence Number:	ESA Account Number:	
ME Name:		
ME Licence Number:	ESA Account Number:	

Section B: Change of Business Name

☐ The required supporting documents have been attached to this form.

New Legal Name:

New Operating Name:

Section C: Change of Address / Phone / Email

New Address:			
Street	City	Prov	Postal Code
EC provide address for Service in Ontario:			
Street	City	Prov	Postal Code
New Phone:	New website:		
New Email:			
Note: email change to online services (i.e. ME Portal) must be managed through each portal.			
Preferred Method of Correspondence	☐ Email	☐ Mail	

Section D: Change to Principal Director(s), Officer(s), Owner(s) or Partner(s)

☐ The required supporting documents have been attached to this form.

☐ New	☐ Terminating	Effective Date of Change (YYYY / MM / DD):	
First Name:	Middle:	Last Name:	
Home Address:			
Street		City	Prov Postal Code
Phone:	Date of Birth (YYYY / MM / DD):		
Position Held in Company:			

Section E: Change of Skilled Trades Ontario (or OCOT) / Certificate of Qualification Holder

☐ The required supporting documents have been attached to this form.

Journeyperson Name:			
STO Number:	Expiration Date (YYYY / MM / DD)		
Qualification Type:	309A, 309D	309C, 309E	434A 442A Other
Position Held:	☐ Corporate Owner, Officer or Director	☐ Partner	
	☐ Employee	☐ Sole Proprietor	

Section F: Change to or Adding WSIB, Change to EC Work Type

☐ The required supporting documents have been attached to this form.

WSIB Account Number:			
Work Type(s):	☐ Residential	☐ Commercial & Industrial	☐ Pole Lin HVAC
	☐ Street Lighting	☐ High Voltage / Sub Station	☐ Utility Other

AUTHORIZATION, NOTICE AND CONSENT

NOTE: PLEASE ENSURE THAT YOU HAVE READ THIS SECTION IN FULL BEFORE SIGNING BELOW.

Any person completing and/or signing this form and any attachments or accompanying answers, schedules, documents, or records, is hereby notified that the Electrical Safety Authority (ESA) may collect additional information from or disclose information contained herein to third parties. The ESA is committed to maintaining the security and confidentiality of your business and personal information and as such, information collected will only be used in accordance with applicable legislation and ESA's Privacy Policy. If you provide information on behalf of another individual, you represent that you have all necessary authority and/or have obtained all necessary consents from such individual to enable ESA to collect, use and disclose such personal information for the purpose set forth in our Privacy Policy. A copy of our policy is located on our website at www.esasafe.com. By completing or signing this form and any accompanying documents, I consent to ESA collecting, using and/or disclosing such information in accordance with applicable privacy legislation and ESA's Privacy Policy.

WARNING: It is an offence under section 113.20 of the Electricity Act, 1998 to knowingly provide false information on this application and any attachments.

By signing the application, you are confirming the information contained in this document is correct. correct.

Name of Master Electrician or Authorized Signing Official for the Business:

Title:

Signature

Date