

ELECTRICITY DISTRIBUTION DEPARTMENT

License Application Form

Type of Application	<input type="checkbox"/> New	<input type="checkbox"/> Renew	<input type="checkbox"/> Replace
Category :	<input type="checkbox"/> 11Kv Electrical Jointer <input type="checkbox"/> LV Electrical Jointer <input type="checkbox"/> Linesman <input type="checkbox"/> Fitter		
	<input type="checkbox"/> MV Panel Protection Testing Engineer <input type="checkbox"/> MV Panel Protection Testing Assistant <input type="checkbox"/> LV Panel Protection Testing		
License No. (in the case of Renewal/Lost OR Damaged)		Date of Expiry	

1. Company Details:

Name		CR No.	
Address	P.O. Box:	Telephone	
City		Country	Qatar
Email ID		Mobile	

2. Candidate Details:

Name			
Sponsor Name	D.O.B		
Qualification	Mobile		
RP No.	Date of Expiry		
Passport No.	Date of Expiry		

Note: All applications must accompany attachments as per the requirements mentioned in ED-P1 for the respective trade selected

3. Authorized Authority

Name :
Position :
Signature :
Company Stamp & Date:

Note: Incomplete/improper applications will be rejected.