

## Application for Authorisation Specific Authorisations

This application form does not cover Access to Apparatus (ATA) Authorisations but covers specific authorisations relating to work on Power Services Assets. The Authorisation Application form is only required for new or updated Authorisations. The applicant should attach a copy of all relevant training records and certificates required for the authorisations sought. For ATA Authorisations see ATA Authorisation form BDOC2016/43

<b>APPLICANTS DETAILS:</b>		CM Training and Authorisation File No:	
Name:			
Date of Birth:		Mobile:	
Email:			
<b>MANAGER DETAILS:</b>			
Name:		Business Unit:	
Email:		Phone:	
<b>AUTHORISATION REQUIREMENTS</b>			
New <input type="checkbox"/>		Additional <input type="checkbox"/>	Replace All Existing <input type="checkbox"/>
<b>REQUESTED AUTHORISATION CATEGORIES</b>			
<b>NOTE:</b> For all Authorisations relevant training must be completed prior to the issue of requested Authorisation.			
LV Live Work UG under Direct Supervision	<input type="checkbox"/>	HV Ancillary Tasks Worker	<input type="checkbox"/>
LV Live Work UG under General Supervision	<input type="checkbox"/>	HV Live Line Distribution Worker	<input type="checkbox"/>
LV Live Work UG	<input type="checkbox"/>	HV Live Line Transmission Stick	<input type="checkbox"/>
LV Live Work OH under Direct Supervision	<input type="checkbox"/>	HV Live Line Transmission Barehand	<input type="checkbox"/>
LV Live Work OH under General Supervision	<input type="checkbox"/>	HV Live Line Assistant	<input type="checkbox"/>
LV Live Work OH	<input type="checkbox"/>	Mobile Generator Installation	<input type="checkbox"/>
LV Live Work Assistant/Safety Observer	<input type="checkbox"/>	Testing and Energising Low Voltage (LV) Services	<input type="checkbox"/>
<b>Authorisation limitations/Restriction details:</b>			
<b>APPLICANT SIGNATURE</b>			
I declare that all the relevant training requirements for the receipt of requested authorisations has been satisfactorily completed On the attainment of the above requested authorisation categories I give Power and Water permission to maintain records of myself associated with the above authorisations.			
Name:	Sign:	Date:	
<b>TRAINING PROVIDER</b>			
The applicant has successfully completed training & has demonstrated the required competencies to carry out the designated functions under the authorisation category(s) as requested.			
Name:	Sign:	Date:	
<b>ENDORSEMENT OF AUTHORISATION</b>			
Where applicable the applicant has the appropriate pre-requisites and training, and I endorse the application and I confirm the authorisation limitations detailed above meet operational requirements.			
Name:	Sign:	Date:	
<b>APPROVAL OF AUTHORISATION (To be completed by Power Services Executive General Manager or nominee)</b>			
APPROVED <input type="checkbox"/>		NOT APPROVED <input type="checkbox"/>	
Name:	Sign:	Date:	
Position:			
Comments:			

**NOTE:** The Field Supervisor is to scan this document to EDMS Training and Authorisations file of the worker and, send the CM link to the Authorisations Administrator for Authorisations Data Base update

<b>Document Control</b>			
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