

APPENDIX 9 – REQUEST FOR AUTHORISATION

REQUEST FOR AUTHORISATION

Part 1 Statement by Employer or Manager :

Full Name of Nominee:

Designation :

Employer / Business Unit:

Pers / PS Ref No.

N.I. No

Contractor Safety Passport No.

I confirm that in my opinion the above named **Person** is Competent to carry out the following work :-

Specific Contract / Site

Description of Work to be Carried Out :

I confirm that the candidate: has sufficient technical knowledge and/or experience to avoid danger; is conversant with Section 7 of the Health and Safety at Work etc. Act 1974, and the requirements of the Electricity at Work Regulations, 1989; is over 18 years of age.

Please find herewith the following documentation in support of this application : *(Please tick as appropriate)*

CV detailing experience (Minimum requirement) Training Records / Certificates (Linesmen – proof of Pole / Tower Top Rescue & Permanent Attachment req'd) Copy Previous Auth Cert(s) and/or Certificates from other RECs

First Aid Certificate Expiry Date : Copy NPTC Cert. (Tree Contractors Only)
(Pre-requisite for Live Work – copy of valid First Aid Cert must be submitted when applying for WL-1 or WL-2.)

<u>Voltage</u>	<u>Authorisations Required</u> <i>(including Limitations / Exclusions / Live Work Procedures)</i>
LV	
11kV	
33kV	
132kV	
275/400kV	

Signed : Date :

Designation :

For Company/Employer:

Business Address

Post Code:

Contact Name :

e-mail Address :

Tel. No. :

Fax No. :

Mobile No. :

For Energy Networks Personnel Only Keys Required :

Part 2 Statement by Energy Networks Project Manager / Line Manager :

I confirm that the authorisations as requested above are required by the candidate to carry out the work detailed above on the Energy Networks **System**. I further confirm that I have examined and approved the attached supporting documentation as valid proof of the candidate's Competency to carry out this work.

I request that arrangements be made for training / assessment and interview for authorisation for the above nominee.

Costs for training/interview should be charged to : **Contractor**
or **ScottishPower Project / Alloc No :**

Signed : Nigel Evans Pers No : 062739 Date :

Business / Location : SPNC / Wrexham Tel No : 804 2048 Fax No:

*The Project / Line Manager should now forward the **original form along with supporting documentation** to the Authorisation Compliance Section for training and authorisation arrangements.*

Part 3 To be completed by the Examining Person

The above named Person was examined by myself * / a panel consisting of _____
..... for the Authorisation Groups and Categories recommended in Part 2 of this Authorisation Form. I/we consider that the above named person is :

- *(a) Suitable for appointment as an **Authorised / Senior Authorised / Control Person** * with the Authorisation Groups and Categories detailed in Part 2 of this Form.
- or
- *(b) Requires further training and / or experience (give details in part 6).

Examined by : _____ Personnel No. : _____

Designation : _____ Date : _____

Part 4 To be completed by Authorising Person

This Request for Authorisation * is approved / is not approved (give details in part 6)

Signed : _____ Personnel No : _____

Designation : _____ Date : _____

Part 5 For use of Issuing Officer

Items	Details	Date
Certificate of Authorisation		
Safety Rules Handbook		
Keys (specify type & no.)		
LWM (Controlled Copy No.)		
Database Updated		

Signed _____ Issuing Officer

* Delete as appropriate

Part 6

Comments

SAMPLE