



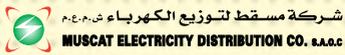
مجلس مراجعة قواعد التوزيع
DISTRIBUTION CODE REVIEW PANEL



Contractors Approval Working Group

**Brochure For
Electrical Contractors Applying
For New Registration/ Renewal
of Existing Registration**





BROCHURE

FOR

**ELECTRICAL CONTRACTORS
APPLYING FOR
NEW REGISTRATION/
RENEWAL OF EXISTING
REGISTRATION**

Prepared by

CONTRACTOR APPROVAL WORKING GROUP

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REGISTRATION CATEGORIES

S. No	Grade	Scope of work
1	A	Works on 33 KV and above (< 132 kV) and 33/11 KV substations
2	B	KV overhead lines and cables 33 KV Out door substation up to 6MVA with out Breaker 33/11
3	C	KV overhead lines and underground cable extensions, and 11 11KV/ 415 V Distribution substation
4	D	415V L.T. lines (OHL/U/G Cable) extensions and building services and Wiring of Buildings having more than two floors.
5	E	Internal wiring of buildings up to two floors

NOTE :

Each Grade has a separate application form. In the following pages you can find a sample of application form for each Grade. Alternatively, draft application forms can also be viewed in DCRP website: www.dcrp-oman.com

APPLICATION FORMS

APPLICATION FORM - GRADE-A

APPLICATION FORM - GRADE-B

APPLICATION FORM - GRADE-C

APPLICATION FORM - GRADE-D

APPLICATION FORM - GRADE-E

Application Fee: 10.000 O.R

Application No.:

Application Form - A for Registration of Electrical Contractors to work in Distribution Systems below 132 KV level Grade-A

Pursuant to the requirement of **Distribution Code Review Panel (DCRP)**, each electrical contractor who wishes to work in the **Oman Electrical Distribution System** (below 132 KV Level) has to register with in the **DCRP**. A valid registered contractor in a particular grade is a firm complying with **DCRP** requirements set for that grade.



**Application Form - A
for Registration of Electrical Contractors
to work in Distribution Systems
below 132 KV level
Grade - A**

CHECK LIST FOR

COMPLIANCE WITH REQUIREMENTS CONTAINED IN THE APPLICATION FORM

(This Check List is to be filled, signed, stamped by the Contractor and submitted along with the Application Form)

Note:-

1. The Contractor should tick (☑) in the check box if the answer is "yes" and tick (X) in the check box if the answer is "No". Where check boxes are not provided, the relevant data is to be written by hand.
2. This Check List is meant for both existing Contractors seeking New Registration as well as for Contractors seeking renewal of their Registration.

1. Registration Category: A B C D E
2. Date of Application (in case of Renewal of Registration, Indicate separately the date of expiry of previous Registration.) _____
3. Eligibility criteria as mentioned in Item-1 of the Application Form has been met
4. Proposed Technical Staff have the required qualifications and experience
5. Designations of the proposed staff match with the designations mentioned in their Resident Cards
6. Qualification Certificates of key staff have been attested by the Education Ministry and Omani Embassy in their relevant countries
7. All expatriate employees possess valid resident visa at the time of submission of application
8. Key staff of the Contractor have completed HSE Training (For Grades A & B Only. Proof to be attached)
9. All Electricians have valid Electrician's License issued by DCRP
10. All Cable Jointers have valid certificate issued by approved manufacturers
11. All Tools and Equipment are available at the time of submission of this Application
12. Proper insurance coverage has been obtained for all the proposed employees of the Contractor
13. Protection Engineer is from In-house Outsourced (This is applicable for Grades A & B only)
14. Proposed Protection Engineer has passed the required test and holds a certificate issued by DCRP
15. HSE Officer is from In-house Outsourced (This is applicable for Grades A & B only)
16. All required Safety & Testing Equipment are available

Signature of the Contractor : _____ Date: _____

Name of the Contractor : _____

Application checked and found to be complete. Recommended for Approval 1 Not Recommended for Approval

Signature of CAWG Member : _____ Date: _____

Name of CAWG Member : _____

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Registration Categories:

The system of contractor's registration within DCRP comprises five grades (A, B, C, D, and E). Contractors who hold a higher grade registration will be permitted to undertake works pertaining to lower grades.

For first time Registration, unless otherwise approved by the DCRP (as a special case), the maximum Grade a contractor can apply for is Grade-C.

S. No	Grade	Scope of work
1	A	Works on 33 KV and above (< 132 kV) and 33/11 KV substations
2	B	33 KV overhead lines and cables 33/11 KV Out door substation up to 6MVA with out Breaker
3	C	415V overhead lines and underground cables, 11 KV overhead lines and underground cable extensions, and 11KV/ 415 V Distribution substation
4	D	LV U/G cable and LV O/H Line works (415V) and Internal wiring of buildings more than two floors
5	E	Internal wiring of buildings up to two floors

Validity of Registration Certificate

A Registration Certificate will be issued on fulfilling all requirements stipulated for each grade. Every Registration Certificate will be valid for a period of three years from the date of issue.

1. Eligibility

To be eligible to apply for Registration as an Electrical Contractor, a company shall

- be registered in Oman with Government concerned authority as per the commercial law.
- implement diligently omanization requirements as per labor law.
- attach with its application a copy of the taxation certificate issued by the Secretariat General of Taxation.
- have an established office with telephone, facsimile and E-mail facilities. Also, company shall have facilities for transporting staff and materials to site. (The DCRP or CAWG Members will visit the office of the Contractor for inspection prior to granting approval for registration)

2. Staff Requirement

A. Technical Staff

The company shall have staff mentioned below for each grade as a minimum. Depending on volume of work, number of staff shall be increased for efficient and timely completion of the works awarded.

S. No	Grade	Category	Min. No.	Min. Qualification	Minimum Experience	Documents Required along with Application
		Electrical Engineer	1	University Degree in Electrical Engineering	7 years	Attested Copy of Degree
		Site Engineer	1	University Degree/3 year Diploma in Electrical Eng	5/7 years	Attested Copy of Degree/ Diploma
		Protection Engineer	1	University Degree in Electrical Engineering	7/10years	Attested Copy of Degree
		Foreman	3	3 Years Diploma in Electrical Engineering	5/7 Years	Attested Copy of Diploma
		Lineman	4	Secondary School with vocational training certificate	10 Years	Copy of Secondary Certificate and Vocational Training Certificate
1	A	Electrician	3	Secondary School with Vocational training certificate and Electrician license issued by the competent authority	7 Years	Copy of Secondary Certificate, Vocational Training Certificate and License Issued by DCRP
		Cable Joiner	1	Secondary School with Cable Joiner Certificate (issued by Raychem / Sigma form)	5 years	Copy of Secondary Certificate and Cable Joiner Certificate
		Draughtsman/ Surveyor	1	Secondary School with Vocational Training Certificate in Draughtsmanship / Surveyor	5 Years	Copy of Secondary Certificate and Certificate in relevant Trade
		Helper	6	Shall be literate		Nil.

Notes:-

1. Designation of Employee mentioned in the Resident Card should be the same as the Designation mentioned in the Application for Registration. The Application is likely to be rejected if the designation does not match.
2. For expatriates, attestation of certificates should be obtained from Education Ministry and Embassy of Oman in the country of origin or alternatively from the country of origin's embassy in Oman and the Ministry of Foreign Affairs, Oman.

Technical Staff Requirements Conditions:

- I. Degree/Diploma/Vocational Training Certificate shall be from a recognized University/Institution attested by concerned authorities
- II. Age shall not be less than 17 years
- III. Experience for Omanis shall be reduced by 2 years
- IV. All expatriate employees should possess valid Omani resident visa
- V. Electrician should possess certificate issued by a licensed Distributor in Oman.
- VI. Electrical Engineer shall be holding HSE Certificate.

3. Tools and Equipment:

As a minimum, the contractor shall possess following Tools and equipment:

S. No	Requirement	Grade - A	Remarks
1	Truck with Crane	x	
2	Insulation Tester 5 kV	x	
3	Insulation Tester 1 kV	x	
4	Insulation Tester 500 V	x	
5	Multimeter/Megger	x	
6	Line man Tools	x	
7	Electrician Tools	x	
8	Safety Tools	x	
9	Survey Tools	x	
10	Cable Jointing Tools	x	
11	Cable Tracing Tools	x	
12	Oil Break Down Voltage Testing Tools	x	
13	High Voltage 80 kV testing Tools	x	
14	Protection Apparatus/Testing Tools	x	

The DCRP may demand an inspection of the tools any time during assessment.

4. Safety Equipment:

The contractor shall have following safety equipment and protective clothing for their staff:

Sl. No.	Requirements	Grade-A
1	All Tools should be insulated	X
2	LV Gloves and rubber Gloves (suitable to the standard voltage level)	X
3	Safety Shoes withstanding electrical hazard.	X
4	Earth Kit	X
5	Pole Climber Safety Belt	X
6	Helmets	X
7	Live Line Tester 33KV	X
8	Safety Goggles	X
9	Overall	X

5. Documents Required for Verification

The following documents should be produced for verification:

Company related certificates

Commercial Registration Certificate, Chamber of Commerce & Industry certificate, Authorization Signature Certificate, list of Omanis Registered in the company, Omanization Certificate, Workmen Compensation Document and Taxation Department Certificate.

Technical staff related certificates:

Qualification , Experiences & HSE Certificate)

Other related documents mentioned in the application forms.

Insurance policy for all employees.

6. Fees

The contractors fulfilling all requirements shall pay following fees as shown in Table Below.

S. No	Grade	Fees Payable
1	A	250 O.R.

The above fees shall be deposited - after scrutiny/acceptance of application at any branch of Bank Muscat.

7. Check List

The Contractors requesting for registration shall complete, sign and stamp the Check List included in this application form. Any application received without the completed check list will not be considered.

General Information for Electrical Contractor Registration:

• Cancellation of Registration

In the event any of details/documents submitted are found to be false during the validity of registration or if the Contractor is found to employ unauthorized personnel at site, registration granted to the Contractor will be cancelled and the Contractor will be debarred for registration for one year.

• Renewal

The contractor shall apply for renewal of his registration 3 months before the expiry date and the fees renewal of registration will be same as mentioned in Clause 6.

• Replacement

In case any staff listed in the application is replaced, the contractor shall promptly inform the same to the Secretary, Distribution Code Review Panel.

Procedure for filling-up of Application

1. The Contractor shall submit the following documents to the Secretary Distribution Code Review Panel
 - Covering Letter
 - Application Form-(Schedule 1) with its required attachments.
 - Technical Staff forms- with its required attachments for all technical staff separately.
 - Tools and Equipment Form with its required attachments
 - Safety Tools and Equipment List
 - Undertaking Form
2. All the above documents will be verified for completeness.
3. Individual details will be checked with requirements stipulated for the grade applied
4. Tools and equipment submitted will be checked for physical availability.
5. Availability of Safety equipments and Tools will be checked physically.

When all details submitted by the contractor comply with the requirement for the grade applied, the Committee will recommend registration of the contractor for the Grade applied.

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 1
Application Form

Type of Application: [] New Registration [] Renewal [] Upgrade

Grade Applied for : "A"

Existing Registration No. (If applicable) Grade Registered:

Date of Expiry:

o Copy of Previous Registration Certificate is to be attached

Company Information:

Name of the Company:

Address :

Telephone No. :

Fax :

E-mail address :

Name of the Owner :

Commercial Registration Certificate Information:

Registration No: Date of Expiry:

Company Legal Structure: [] Sole Proprietorship [] Partnership [] LLC
[] Other (specify)

Copy of Commercial Registration Certificate is to be attached

Oman Chamber of Commerce Certificate Information:

Registration No: Date of Expiry:

Grade of Commercial Registration:

o Copy of Chamber of Commerce Certificate is to be attached

Insurance Certificate under Workmen's Compensation:

Insurance Company:

No. of Workers (Electrical):

Policy No.: Validity Period: From..... to

Copy of Workmen Compensation Document is to be attached

Omanization Details:

Required Omanization Percentage: Covered Omanization Percentage:

o Copy of Omanization Certificate from Ministry of Man Power is attached

o Copy of list of Omanis registered within the company from Ministry of Man Power is attached.

Authorized Signatory information:

Name of authorized Signatory:

Designation:

o Copy of Authorization Certificate is attached

Signature of Authorized Person:

Date:

Seal of the Company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 2
Grade Applied: "A"
Category of Post: Electrical Engineer

Name of Company:
Name :
Age :

Passport No :

Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- above required degree
- equivalent to the required degree
- below required degree

Qualification Details:

S. No.	Degree	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Copy of Qualification Certificate/s is to be attached

Experience:

- More than the required
- equivalent to the required
- below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total No. of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 3
Grade Applied: "A"
Category of Post: Site Engineer

Name of Company:
Name :
Age :

Passport No :
 Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):
 Copy of visa is to be attached

Date of Expiry:

Resident Card No.:
 Copy of Labor card is to be attached

Date of Expiry:

Qualification:
 above required degree
 equivalent to the required degree
 below required degree

Qualification Details:

S. No.	Degree	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Copy of Qualification Certificate/s is to be attached

Experience:
 More than the required
 equivalent to the required
 below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total No. of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 4
Grade Applied: "A"
Category of Post: Protection Engineer**

(The Contractor may outsource the services of the Protection Engineer. In such cases, a letter to the effect together with copy of the DCRP certificate of the outsourced Protection engineer shall be submitted)

Name of Company:
Name :
Age :

Passport No :

Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- above required degree
- equivalent to the required degree
- below required degree

Qualification Details:

S. No.	Degree	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Copy of Qualification Certificate/s is to be attached

Experience:

- More than the required
- equivalent to the required
- below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total No. of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 5
Grade Applied: "A"
Category of Post: Foreman-1

Name of Company:

Name :

Age :

Passport No :

- o Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- o Copy of visa is attached

Date of Expiry:

Resident Card No.:

- o Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- o above required degree
- o equivalent to the required degree
- o below required degree

Qualification Details:

S. No.	Degree/ Diploma	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					o
					o
					o

- o Copy of Qualification Certificate/s is to be attached

Experience:

- o more than the required
- o equivalent to the required
- o below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
					o
					o
					o
					o

- o Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 6
Grade Applied: "A"
Category of Post: Foreman-2

Name of Company:
Name :
Age :

Passport No :

Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

Copy of visa is attached

Date of Expiry:

Resident Card No.:

Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- above required degree
- equivalent to the required degree
- below required degree

Qualification Details:

S. No.	Degree/ Diploma	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Copy of Qualification Certificate/s is to be attached

Experience:

- more than the required
- equivalent to the required
- below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 7
Grade Applied: "A"
Category of Post: Foreman-3

Name of Company:
Name :
Age :

Passport No :
o Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):
o Copy of visa is attached

Date of Expiry:

Resident Card No.:
o Copy of Labor card is to be attached

Date of Expiry:

Qualification:
o above required degree
o equivalent to the required degree
o below required degree

Qualification Details:

S. No.	Degree/ Diploma	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

o Copy of Qualification Certificate/s is to be attached

Experience:
o more than the required
o equivalent to the required
o below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

o Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 8
Grade Applied: A
Category of Post: Lineman-1

Name of Company:
Name :
Age :

Passport No :

Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

Copy of visa is attached

Date of Expiry:

Resident Card No.:

Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- above required degree
- equivalent to the required degree
- below required degree

Qualification Details:

S. No.	Degree	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Copy of Qualification Certificate/s is to be attached

Experience:

- more than the required
- equivalent to the required
- below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 9
Grade Applied: A
Category of Post: Lineman-2

Name of Company:

Name :

Age :

Passport No :

- Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- Copy of visa is attached

Date of Expiry:

Resident Card No.:

- Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- above required degree
- equivalent to the required degree
- below required degree

Qualification Details:

S. No.	Degree	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Experience:

- more than the required
- equivalent to the required
- below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 10
Grade Applied: A
Category of Post: Lineman-3

Name of Company:
Name :
Age :

Passport No :

Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- above required degree
- equivalent to the required degree
- below required degree

Qualification Details:

S. No.	Degree	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Copy of Qualification Certificate/s is to be attached

Experience:

- more than the required
- equivalent to the required
- below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 11
Grade Applied: A
Category of Post: Lineman-4

Name of Company:

Name :

Age :

Passport No :

- Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

- Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- above required degree
- equivalent to the required degree
- below required degree

Qualification Details:

S. No.	Degree	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Experience:

- more than the required
- equivalent to the required
- below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 12
Grade Applied: "A"
Category of Post: Electrician-1

Name of Company:

Name :

Age :

Passport No :

- Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

- Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- above required degree
 equivalent to the required degree
 below required degree

Qualification Details:

S. No.	Certificate	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Electrician License:

- Valid
 Expired
 Not Exist
 Copy of Electrician License is to be attached

Experience:

- more than the required
 equivalent to the required
 below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 13
Grade Applied: "A"
Category of Post: Electrician-2

Name of Company:

Name :

Age :

Passport No :

- Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

- Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- above required degree
- equivalent to the required degree
- below required degree

Qualification Details:

S. No.	Certificate	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Electrician License:

- Valid
- Expired
- Not Exist
- Copy of Electrician License is to be attached

Experience:

- more than the required
- equivalent to the required
- below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 14
Grade Applied: "A"
Category of Post: Electrician-3

Name of Company:

Name :

Age :

Passport No :

- Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

- Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- above required degree
 equivalent to the required degree
 below required degree

Qualification Details:

S. No.	Certificate	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Electrician License:

- Valid
 Expired
 Not Exist
 Copy of Electrician License is to be attached

Experience:

- more than the required
 equivalent to the required
 below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 15
Grade Applied: "A"
Category of Post: Cable Jinter-1

Name of Company:

Name :

Age :

Passport No :

- Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

- Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- above required degree
- equivalent to the required degree
- below required degree

Qualification Details:

S. No.	Certificate	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Cable Jinter License:

- Valid
- Expired
- Not Exist
- Copy of valid Cable Jinter's Certificate is to be attached

Experience:

- more than the required
- equivalent to the required
- below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 16
Grade Applied: "A"
Category of Post: Draughtsman/Surveyor-1

Name of Company:
Name :
Age :

Passport No :

Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

Copy of Resident card is to be attached

Date of Expiry:

Qualification:

- above required degree
- equivalent to the required degree
- below required degree

Qualification Details:

S. No.	Certificate	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Copy of Qualification Certificate/s is to be attached

Experience:

- more than the required
- equivalent to the required
- below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 17
Grade Applied: "A"
Category of Post: Helper-1

Name of Company:

Name :

Age :

Passport No :

- Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

- Copy of Resident card is to be attached

Date of Expiry:

Qualification:

- above required degree
- equivalent to the required degree
- below required degree

Qualification Details:

S. No.	School	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Experience:

- more than the required
- equivalent to the required
- below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 18
Grade Applied: "A"
Category of Post: Helper-2

Name of Company:
Name :
Age :

Passport No :

Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

Copy of Resident card is to be attached

Date of Expiry:

Qualification:

- above required degree
- equivalent to the required degree
- below required degree

Qualification Details:

S. No.	School	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Copy of Qualification Certificate/s is to be attached

Experience:

- more than the required
- equivalent to the required
- below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 19
Grade Applied: "A"
Category of Post: Helper-3

Name of Company:

Name :

Age :

Passport No :

- Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

- Copy of Resident card is to be attached

Date of Expiry:

Qualification:

- above required degree
- equivalent to the required degree
- below required degree

Qualification Details:

S. No.	School	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Experience:

- more than the required
- equivalent to the required
- below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 20
Grade Applied: "A"
Category of Post: Helper-4

Name of Company:
Name :
Age :

Passport No :

Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

Copy of Resident card is to be attached

Date of Expiry:

Qualification:

- above required degree
- equivalent to the required degree
- below required degree

Qualification Details:

S. No.	School	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Copy of Qualification Certificate/s is to be attached

Experience:

- more than the required
- equivalent to the required
- below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 21
Grade Applied: "A"
Category of Post: Helper-5

Name of Company:
Name :
Age :

Passport No :

- Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

- Copy of Resident card is to be attached

Date of Expiry:

Qualification:

- above required degree
 equivalent to the required degree
 below required degree

Qualification Details:

S. No.	School	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Experience:

- more than the required
 equivalent to the required
 below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 22
Grade Applied: "A"
Category of Post: Helper-6

Name of Company:
Name :
Age :

Passport No :

Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

Copy of Resident card is to be attached

Date of Expiry:

Qualification:

- above required degree
- equivalent to the required degree
- below required degree

Qualification Details:

S. No.	School	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Copy of Qualification Certificate/s is to be attached

Experience:

- more than the required
- equivalent to the required
- below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 23
Acknowledgment of Responsibility

By signing this document, I hereby confirm the followings:

- That I the undersigned is responsible for all electrical works performed by our Company
- That I will comply with the Regulations issued by the Authority for Electricity Regulation, Oman including compliance with Oman Electrical Standards and Distribution Code ...etc
- That all information submitted in the application forms and all attached documents is true.
- That I will inform the Secretary, DCRP immediately if any of key staff mentioned in the registration documents are replaced by us.
- That the tools and equipments are as per the requirements and complying with safety standards stipulated.
- That I will fulfill any shortcomings in the registration requirements (if any) within a period of 3 months.

For & on behalf of the

Signature of Authorized Signatory

Date:

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 24
Affirmation

We M/s _____ P.O.Box. _____ P.C. _____ hereby confirm that we and our relatives (names/positions/place of work/relationship mentioned below) till third generation who are working in Licensed Distribution Companies (Muscat Electricity Distribution Company, Majan Electricity Company, Mazoon Electricity Company and Rural Areas Electricity Company) are as follows:

S.No.	Name	Position /Company	Relationship Level	Remark

Note: in case none of the owners or their relatives till third generation are working in the licensed distributors companies, nil should be written in name column.

This confirmation is for the purpose of Registration of our Company as an Electrical Contractor and we take full responsibility for the truth of above information.

Date:

Authorized Signatory:

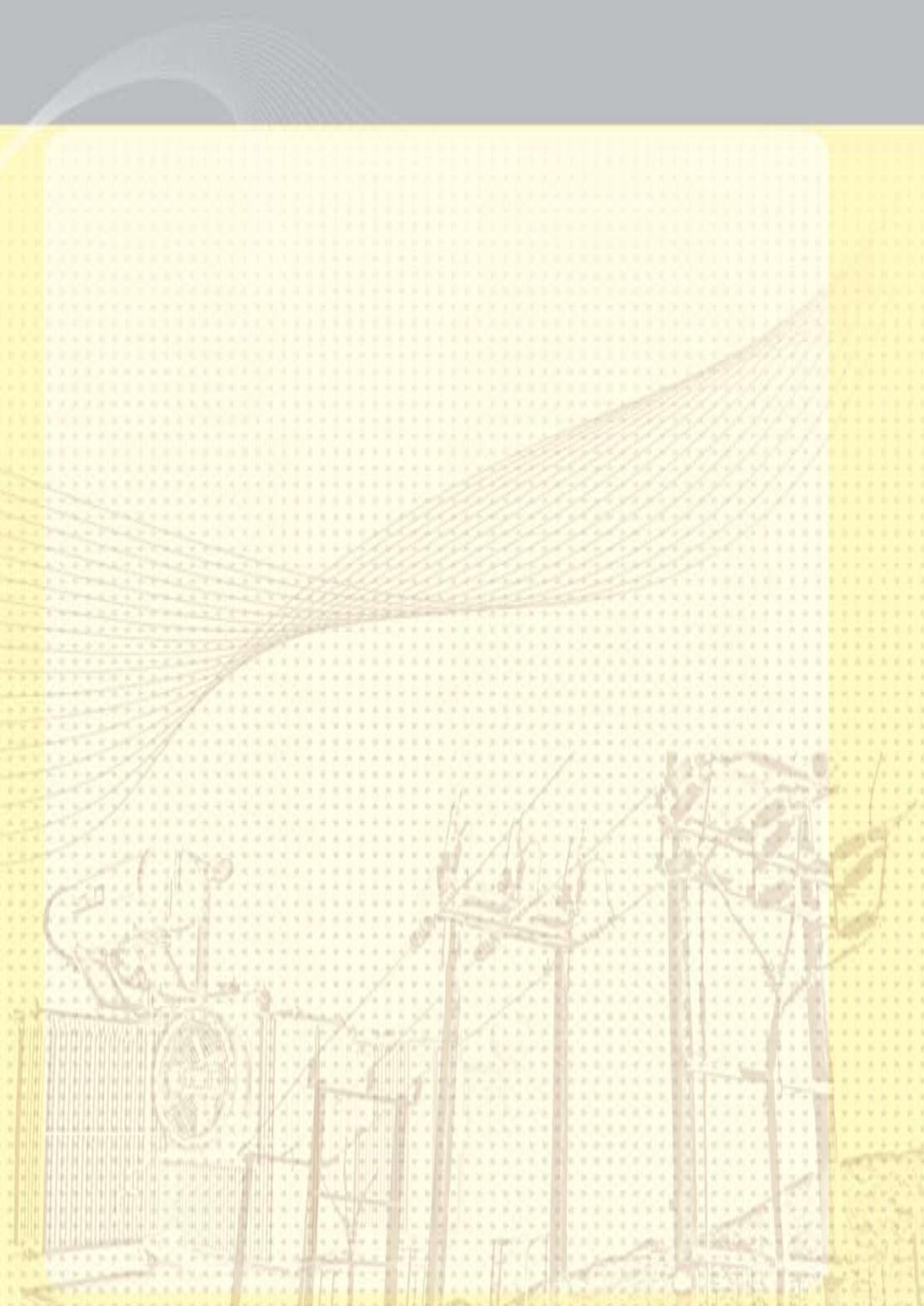
Signature:

Application Fee: 10.000 O.R

Application No.:

Application Form - B for Registration of Electrical Contractors to work in Distribution Systems below 132 KV level Grade-B

Pursuant to the requirement of **Distribution Code Review Panel (DCRP)**, each electrical contractor who wishes to work in the **Oman Electrical Distribution System** (below 132 KV Level) has to register with in the **DCRP**. A valid registered contractor in a particular grade is a firm complying with **DCRP** requirements set for that grade.



Application Form - B
for Registration of Electrical Contractors
to work in Distribution Systems
below 132 KV level
Grade - B

CHECK LIST FOR

COMPLIANCE WITH REQUIREMENTS CONTAINED IN THE APPLICATION FORM

(This Check List is to be filled, signed, stamped by the Contractor and submitted along with the Application Form)

Note:-

1. The Contractor should tick (☑) in the check box if the answer is "yes" and tick (X) in the check box if the answer is "No". Where check boxes are not provided, the relevant data is to be written by hand.
2. This Check List is meant for both existing Contractors seeking New Registration as well as for Contractors seeking renewal of their Registration.

-
1. Registration Category: A B C D E
 2. Date of Application (in case of Renewal of Registration, Indicate separately the date of expiry of previous Registration.) _____
 3. Eligibility criteria as mentioned in Item-□ of the Application Form has been met
 4. Proposed Technical Staff have the required qualifications and experience
 5. Designations of the proposed staff match with the designations mentioned in their Resident Cards
 6. Qualification Certificates of key staff have been attested by the Education Ministry and Omani Embassy in their relevant countries
 7. All expatriate employees possess valid resident visa at the time of submission of application 1
 8. Key staff of the Contractor have completed HSE Training (For Grades A & B Only. Proof to be attached)
 9. All Electricians have valid Electrician's License issued by DCRP
 10. All Cable Jointers have valid certificate issued by approved manufacturers
 11. All Tools and Equipment are available at the time of submission of this Application
 12. Proper insurance coverage has been obtained for all the proposed employees of the Contractor
 13. Protection Engineer is from In-house Outsourced (This is applicable for Grades A & B only)
 14. Proposed Protection Engineer has passed the required test and holds a certificate issued by DCRP
 15. HSE Officer is from In-house Outsourced (This is applicable for Grades A & B only)
 16. All required Safety & Testing Equipment are available

Signature of the Contractor : _____ Date: _____

Name of the Contractor : _____

Application checked and found to be complete. Recommended for Approval 1 Not Recommended for Approval

Signature of CAWG Member : _____ Date: _____

Name of CAWG Member : _____

SL.No.	Table of Contents	Page No.
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Registration Categories:

The system of contractor's registration within DCRP comprises five grades (A, B, C, D, and E). Contractors who hold a higher grade registration will be permitted to undertake works pertaining to lower grades.

For first time Registration, unless otherwise approved by the DCRP (as a special case), the maximum Grade a contractor can apply for is Grade-C.

S. No	Grade	Scope of work
1	A	Works on 33 KV and above (< 132 kV) and 33/11 KV substations
2	B	33 KV overhead lines and cables 33/11 KV Out door substation up to 6MVA with out Breaker
3	C	415V overhead lines and underground cables, 11 KV overhead lines and underground cable extensions, and 11KV/ 415 V Distribution substation
4	D	LV U/G cable and LV O/H Line works (415V) and Internal wiring of buildings more than two floors
5	E	Internal wiring of buildings up to two floors

Validity of Registration Certificate

A Registration Certificate will be issued on fulfilling all requirements stipulated for each grade. Every Registration Certificate will be valid for a period of three years from the date of issue.

1. Eligibility

To be eligible to apply for Registration as an Electrical Contractor, a company shall

- be registered in Oman with Government concerned authority as per the commercial law.
- implement diligently omanization requirements as per labor law.
- attach with its application a copy of the taxation certificate issued by the Secretariat General of Taxation.
- have an established office with telephone, facsimile and E-mail facilities. Also, company shall have facilities for transporting staff and materials to site. (The DCRP or CAWG Members will visit the office of the Contractor for inspection prior to granting approval for registration)

2. Staff Requirement

A. Technical Staff

The company shall have staff mentioned below for each grade as a minimum. Depending on volume of work, number of staff shall be increased for efficient and timely completion of the works awarded.

S. No	Grade	Category	Min. No.	Min. Qualification	Minimum Experience	Documents Required along with Application
		Electrical Engineer	1	University Degree in Electrical Engineering	7 years	Attested Copy of Degree
		Site Engineer	1	University Degree/3 year Diploma in Electrical Eng	5/7 years	Attested Copy of Degree/ Diploma
		Foreman	2	3 Years Diploma in Electrical Engineering	5 years	Attested Copy of Diploma
		Lineman	4	Secondary School with vocational training certificate	6 Years	Copy of Secondary Certificate and Vocational Training Certificate
1	B	Electrician	2	Secondary School with Vocational training certificate and Electrician license issued by the competent authority	5 Years	Copy of Secondary Certificate, Vocational Training Certificate & License issued by DCRP
		Cable Joiner	1	Secondary School with Cable Joiner Certificate (issued by Raychem / Sigmaform)	5 years	Copy of Secondary Certificate and Cable Joiner Certificate
		Draughtsman/ Surveyor	1	Secondary School with Vocational Training Certificate in Draughtsmanship / Surveyor		Copy of Secondary Certificate and Certificate in relevant Trade
		Helper	4	Shall be literate		Nil

Note:-

- 1 Designation of Employee mentioned in the Resident Card should be the same as the Designation mentioned in the Application for Registration. The Application is likely to be rejected if the designation does not match.
2. For expatriates, attestation of certificates should be obtained from Education Ministry and Embassy of Oman in the country of origin or alternatively from the country of origin's embassy in Oman and the Ministry of Foreign Affairs, Oman.

Technical Staff Requirements Conditions:

- I. Degree/Diploma/Vocational Training Certificate shall be from a recognized University/Institution attested by concerned authorities
- II. Age shall not be less than 17 years
- III. Experience for Omanis shall be reduced by 2 years
- IV. All expatriate employees should possess valid Omani resident visa
- V. Electrician should possess certificate issued by a licensed Distributor in Oman.
- VI. Electrical Engineer shall be holding HSE Certificate.

3. Tools and Equipment:

As a minimum, the contractor shall possess following Tools and equipment:

S. No	Requirement	Grade - B	Remarks
1	Truck with Crane	x	
2	Insulation Tester 5 kV	x	
3	Insulation Tester 1 kV	x	
4	Insulation Tester 500 V	x	
5	Multimeter/Megger	x	
6	Line man Tools	x	
7	Electrician Tools	x	
8	Safety Tools	x	
9	Survey Tools	x	
10	Cable Jointing Tools	x	
11	Cable Tracing Tools	x	
12	Oil Break Down Voltage Testing Tools	x	
13	High Voltage 80 kV testing Tools	x	

The DCRP may demand an inspection of the tools any time during assessment.

4. Safety Equipment:

The contractor shall have following safety equipment and protective clothing for their staff:

SI. No.	Requirementws	Grade - B
1	All Tools should be insulated	X
2	LV Gloves and rubber Gloves (suitable to the standard voltage level)	X
3	Safety Shoes withstanding electrical hazard.	X
4	Earth Kit	X
5	Pole Climber Safety Belt	X
6	Helmets	X
7	Live Line Tester 33KV	X
8	Safety Goggles	X
9	Overall	X

5. Documents Required for Verification

The following documents should be produced for verification:

Company related certificates

Commercial Registration Certificate, Chamber of Commerce & Industry certificate, Authorization Signature Certificate, list of Omanis Registered in the company, Omanization Certificate, Workmen Compensation Document and Taxation Department Certificate.

Technical staff related certificates:

Qualification , Experiences & HSE Certificate)

Other related documents mentioned in the application forms.

Insurance policy for all employees.

6. Fees

The contractors fulfilling all requirements shall pay following fees as shown in Table Below.

S. No	Grade	Fees Payable
1	B	200 O.R.

The above fees shall be deposited - after scrutiny/acceptance of application at any branch of Bank Muscat.

General Information for Electrical Contractor Registration:

• Cancellation of Registration

In the event any of details/documents submitted are found to be false during the validity of registration or if the Contractor is found to employ unauthorized personnel at site, registration granted to the Contractor will be cancelled and the Contractor will be debarred for registration for one year.

• Renewal

The contractor shall apply for renewal of his registration 3 months before the expiry date and the fees renewal of registration will be same as mentioned in Clause 9.

• Replacement

In case any staff listed in the application is replaced, the contractor shall promptly inform the same to the Secretary, Distribution Code Review Panel within three months.

Procedure for filling-up of Application

1. The Contractor shall submit the following documents to the Secretary Distribution Code Review Panel

- Application Letter
- Application Form-(Schedule 1) with its required attachments.
- Technical Staff forms- with its required attachments for all technical staff separately.
- Tools and Equipment Form with its required attachments
- Safety Tools and Equipment List
- Undertaking Form

2. All the above documents will be verified for completeness.

3. Individual details will be checked with requirements stipulated for the grade applied

4. Tools and equipment submitted will be checked for physical availability.

5. Availability of Safety equipments and Tools will be checked physically.

When all details submitted by the contractor comply with the requirement for the grade applied, the Committee will recommend registration of the contractor for against the Grade applied.

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 1
Application Form

Type of Application: [] New Registration [] Renewal [] Upgrade

Grade Applied for : **"B"**

Existing Registration No. (If applicable)

Grade Registered:

Date of Expiry:

o Copy of Previous Registration Certificate is to be attached

Company Information:

Name of the Company:

Address :

Telephone No. :

Fax :

E-mail address :

Name of the Owner :

Commercial Registration Certificate Information:

Registration No: Date of Expiry:

Company Legal Structure: [] Sole Proprietorship [] Partnership [] LLC

[] Other (specify)

Copy of Commercial Registration Certificate is to be attached

Oman Chamber of Commerce Certificate Information:

Registration No: Date of Expiry:

Grade of Commercial Registration:

o Copy of Chamber of Commerce Certificate is to be attached

Insurance Certificate under Workmen's Compensation:

Insurance Company:

No. of Workers (Electrical):

Policy No.:

Validity Period: From..... to

Copy of Workmen Compensation Document is to be attached

Omanization Details:

Required Omanization Percentage: Covered Omanization Percentage:

o Copy of Omanization Certificate from Ministry of Man Power is attached

o Copy of list of Omani registered within the company from Ministry of Man Power is attached.

Authorized Signatory information:

Name of authorized Signatory:

Designation:

o Copy of Authorization Certificate is attached

Signature of Authorized Person:

Date:

Seal of the Company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 2
Grade Applied: "B"
Category of Post: Electrical Engineer

Name of Company:

Name :

Age :

Passport No :

- o Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- o Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

- o Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- o above required degree
- o equivalent to the required degree
- o below required degree

Qualification Details:

S. No.	Degree	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- o Copy of Qualification Certificate/s is to be attached

Experience:

- o More than the required
- o equivalent to the required
- o below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total No. of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- o Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 3
Grade Applied: "B"
Category of Post: Site Engineer

Name of Company:
Name :
Age :

Passport No :

Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- above required degree
- equivalent to the required degree
- below required degree

Qualification Details:

S. No.	Degree	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Copy of Qualification Certificate/s is to be attached

Experience:

- More than the required
- equivalent to the required
- below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total No. of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

**Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 4
Grade Applied: "B"
Category of Post: Foreman-1**

Name of Company:

Name :

Age :

Passport No :

- Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- Copy of visa is attached

Date of Expiry:

Resident Card No.:

- Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- above required degree
- equivalent to the required degree
- below required degree

Qualification Details:

S. No.	Degree/ Diploma	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
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-
-
-

- Copy of Qualification Certificate/s is to be attached

Experience:

- more than the required
- equivalent to the required
- below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
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-
-
-
-

- Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

**Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 5
Grade Applied: "B"
Category of Post: Foreman-2**

Name of Company:

Name :

Age :

Passport No :

- Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- Copy of visa is attached

Date of Expiry:

Resident Card No.:

- Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- above required degree
 equivalent to the required degree
 below required degree

Qualification Details:

S. No.	Degree/ Diploma	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
--------	--------------------	----------------	--------------------------	-------------------	--

- Copy of Qualification Certificate/s is to be attached

Experience:

- more than the required
 equivalent to the required
 below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
--------	--------------------	---------	------------------	-------------------	---

- Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 6
Grade Applied: B
Category of Post: Lineman-1

Name of Company:

Name :

Age :

Passport No :

- o Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- o Copy of visa is attached

Date of Expiry:

Resident Card No.:

- o Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- o above required degree
- o equivalent to the required degree
- o below required degree

Qualification Details:

S. No.	Degree	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- o Copy of Qualification Certificate/s is to be attached

Experience:

- o more than the required
- o equivalent to the required
- o below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- o Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 7
Grade Applied: B
Category of Post: Lineman-2

Name of Company:
Name :
Age :

Passport No :

- Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- Copy of visa is attached

Date of Expiry:

Resident Card No.:

- Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- above required degree
 equivalent to the required degree
 below required degree

Qualification Details:

S. No.	Degree	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Experience:

- more than the required
 equivalent to the required
 below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 8
Grade Applied: B
Category of Post: Lineman-3

Name of Company:

Name :

Age :

Passport No :

- o Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable)

- o Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

- o Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- o above required degree
- o equivalent to the required degree
- o below required degree

Qualification Details:

S. No.	Degree	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- o Copy of Qualification Certificate/s is to be attached

Experience:

- o more than the required
- o equivalent to the required
- o below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- o Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 9
Grade Applied: B
Category of Post: Lineman-4

Name of Company:
Name :
Age :

Passport No :

- Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

- Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- above required degree
 equivalent to the required degree
 below required degree

Qualification Details:

S. No.	Degree	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Experience:

- more than the required
 equivalent to the required
 below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 10
Grade Applied: "B"
Category of Post: Electrician-1

Name of Company:

Name :

Age :

Passport No :

- Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

- Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- above required degree
- equivalent to the required degree
- below required degree

Qualification Details:

S. No.	Certificate	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Electrician License:

- Valid
- Expired
- Not Exist
- Copy of Electrician License is to be attached

Experience:

- more than the required
- equivalent to the required
- below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 11
Grade Applied: "B"
Category of Post: Electrician-2

Name of Company:

Name :

Age :

Passport No :

- Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

- Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- above required degree
 equivalent to the required degree
 below required degree

Qualification Details:

S. No.	Certificate	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Electrician License:

- Valid
 Expired
 Not Exist
 Copy of Electrician License is to be attached

Experience:

- more than the required
 equivalent to the required
 below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 12
Grade Applied: "B"
Category of Post: Cable Jinter-1

Name of Company:

Name :

Age :

Passport No :

- Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

- Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- above required degree
- equivalent to the required degree
- below required degree

Qualification Details:

S. No.	Certificate	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Cable Jinter License:

- Valid
- Expired
- Not Exist
- Copy of valid Cable Jinter's Certificate is to be attached

Experience:

- more than the required
- equivalent to the required
- below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 13
Grade Applied: "B"
Category of Post: Draughtsman/Surveyor-1

Name of Company:
Name :
Age :

Passport No :

Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

Copy of Resident card is to be attached

Date of Expiry:

Qualification:

- above required degree
- equivalent to the required degree
- below required degree

Qualification Details:

S. No.	Certificate	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Copy of Qualification Certificate/s is to be attached

Experience:

- more than the required
- equivalent to the required
- below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 14
Grade Applied: "B"
Category of Post: Helper-1

Name of Company:

Name :

Age :

Passport No :

- o Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- o Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

- o Copy of Resident card is to be attached

Date of Expiry:

Qualification:

- o above required degree
- o equivalent to the required degree
- o below required degree

Qualification Details:

S. No.	School	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- o Copy of Qualification Certificate/s is to be attached

Experience:

- o more than the required
- o equivalent to the required
- o below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- o Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 14
Grade Applied: "B"
Category of Post: Helper-2

Name of Company:
Name :
Age :

Passport No :

- Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

- Copy of Resident card is to be attached

Date of Expiry:

Qualification:

- above required degree
 equivalent to the required degree
 below required degree

Qualification Details:

S. No.	School	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Experience:

- more than the required
 equivalent to the required
 below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 15
Grade Applied: "B"
Category of Post: Helper-3

Name of Company:

Name :

Age :

Passport No :

- Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

- Copy of Resident card is to be attached

Date of Expiry:

Qualification:

- above required degree
 equivalent to the required degree
 below required degree

Qualification Details:

S. No.	School	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Experience:

- more than the required
 equivalent to the required
 below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 16
Grade Applied: "B"
Category of Post: Helper-4

Name of Company:
Name :
Age :

Passport No :

- Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

- Copy of Resident card is to be attached

Date of Expiry:

Qualification:

- above required degree
 equivalent to the required degree
 below required degree

Qualification Details:

S. No.	School	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Experience:

- more than the required
 equivalent to the required
 below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 17
Acknowledgment of Responsibility

By signing this document, I hereby confirm the followings:

- That I the undersigned is responsible for all electrical works performed by our Company
- That I will comply with the Regulations issued by the Authority for Electricity Regulation, Oman including compliance with Oman Electrical Standards and Distribution Code ...etc
- That all information submitted in the application forms and all attached documents is true.
- That I will inform the Secretary, DCRP immediately if any of key staff mentioned in the registration documents are replaced by us.
- That the tools and equipments are as per the requirements and complying with safety standards stipulated.
- That I will fulfill any shortcomings in the registration requirements (if any) within a period of 3 months.

For & on behalf of the

Signature of Authorized Signatory

Date:

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 18
Affirmation

We M/s _____ P.O.Box. _____ P.C. _____ hereby confirm that we and our relatives (names/positions/place of work/relationship mentioned below) till third generation who are working in Licensed Distribution Companies (Muscat Electricity Distribution Company, Majan Electricity Company, Mazoon Electricity Company and Rural Areas Electricity Company) are as follows:

S.No.	Name	Position /Company	Relationship Level	Remark

Note: in case none of the owners or their relatives till third generation are working in the licensed distributors companies, nil should be written in name column.

This confirmation is for the purpose of Registration of our Company as an Electrical Contractor and we take full responsibility for the truth of above information.

Date:

Authorized Signatory:

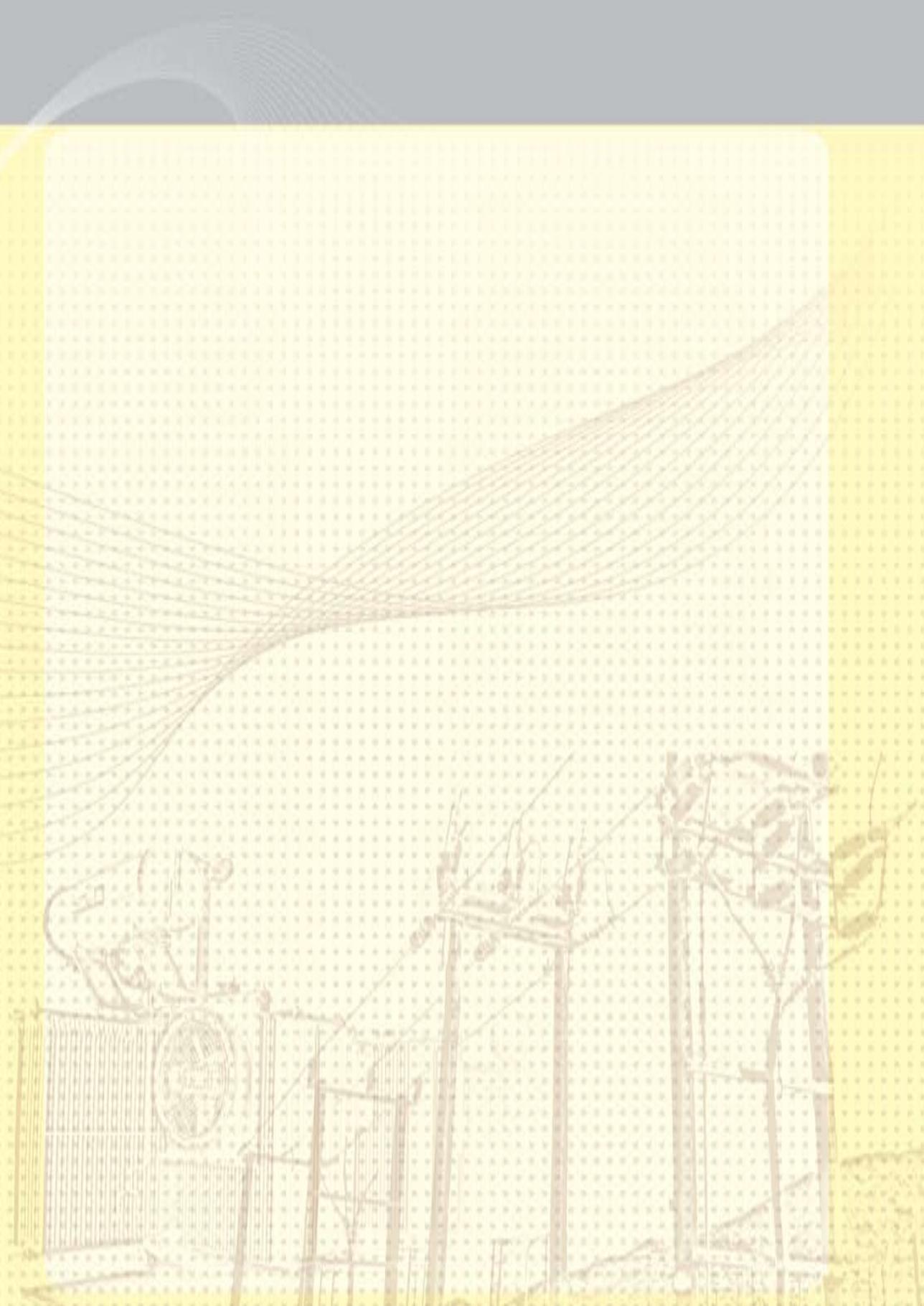
Signature:

Application Fee: 5.000 O.R

Application No.:

Application Form - C for Registration of Electrical Contractors to work in Distribution Systems below 132 KV level Grade-C

Pursuant to the requirement of **Distribution Code Review Panel (DCRP)**, each electrical contractor who wishes to work in the **Oman Electrical Distribution System** (below 132 KV Level) has to register with in the **DCRP**. A valid registered contractor in a particular grade is a firm complying with **DCRP** requirements set for that grade.



**Application Form - C
for Registration of Electrical Contractors
to work in Distribution Systems
below 132 KV level
Grade - C**

CHECK LIST FOR

COMPLIANCE WITH REQUIREMENTS CONTAINED IN THE APPLICATION FORM

(This Check List is to be filled, signed, stamped by the Contractor and submitted along with the Application Form)

Note:-

1. The Contractor should tick (☑) in the check box if the answer is "yes" and tick (X) in the check box if the answer is "No". Where check boxes are not provided, the relevant data is to be written by hand.
2. This Check List is meant for both existing Contractors seeking New Registration as well as for Contractors seeking renewal of their Registration.

-
1. Registration Category: A B C D E
 2. Date of Application (in case of Renewal of Registration, Indicate separately the date of expiry of previous Registration.) _____
 3. Eligibility criteria as mentioned in Item-□ of the Application Form has been met
 4. Proposed Technical Staff have the required qualifications and experience
 5. Designations of the proposed staff match with the designations mentioned in their Resident Cards
 6. Qualification Certificates of key staff have been attested by the Education Ministry and Omani Embassy in their relevant countries
 7. All expatriate employees possess valid resident visa at the time of submission of application
 8. Key staff of the Contractor have completed HSE Training (For Grades A & B Only. Proof to be attached)
 9. All Electricians have valid Electrician's License issued by DCRP
 10. All Cable Jointers have valid certificate issued by approved manufacturers
 11. All Tools and Equipment are available at the time of submission of this Application
 12. Proper insurance coverage has been obtained for all the proposed employees of the Contractor
 13. Protection Engineer is from In-house Outsourced (This is applicable for Grades A & B only)
 14. Proposed Protection Engineer has passed the required test and holds a certificate issued by DCRP
 15. HSE Officer is from In-house Outsourced (This is applicable for Grades A & B only)
 16. All required Safety & Testing Equipment are available

Signature of the Contractor : _____ Date: _____

Name of the Contractor : _____

Application checked and found to be complete. Recommended for Approval Not Recommended for Approval

Signature of CAWG Member : _____ Date: _____

Name of CAWG Member : _____

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Registration Categories:

The system of contractor's registration within DCRP comprises five grades (A, B, C, D, and E). Contractors who hold a higher grade registration will be permitted to undertake works pertaining to lower grades.

For first time Registration, unless otherwise approved by the DCRP (as a special case), the maximum Grade a contractor can apply for is Grade-C.

S. No	Grade	Scope of work
1	A	Works on 33 KV and above (< 132 kV) and 33/11 KV substations
2	B	33 KV overhead lines and cables 33/11 KV Out door substation up to 6MVA with out Breaker
3	C	415V overhead lines and underground cables, 11 KV overhead lines and underground cable extensions, and 11KV/ 415 V Distribution substation
4	D	LV U/G cable and LV O/H Line works (415V) and Internal wiring of buildings more than two floors
5	E	Internal wiring of buildings up to two floors

Validity of Registration Certificate

A Registration Certificate will be issued on fulfilling all requirements stipulated for each grade. Every Registration Certificate will be valid for a period of three years from the date of issue.

1. Eligibility

To be eligible to apply for Registration as an Electrical Contractor, a company shall

- be registered in Oman with Government concerned authority as per the commercial law.
- implement diligently omanization requirements as per labor law.
- attach with its application a copy of the taxation certificate issued by the Secretariat General of Taxation.
- have an established office with telephone, facsimile and E-mail facilities. Also, company shall have facilities for transporting staff and materials to site. (The DCRP or CAWG Members will visit the office of the Contractor for inspection prior to granting approval for registration)

2. Staff Requirement

A. Technical Staff

The company shall have staff mentioned below for each grade as a minimum. Depending on volume of work, number of staff shall be increased for efficient and timely completion of the works awarded.

S. No	Grade	Category	Min. No.	Min. Qualification	Minimum Experience	Documents Required along with Application
1	C	Electrical Engineer	1	University Degree/3 year Diploma in Electrical Eng	3/5 years	Attested Copy of Degree/ Diploma
		Foreman	1	3 Years Diploma in Electrical Engineering	5 years	Attested Copy of Diploma
		Lineman	3	Secondary School with vocational training certificate	4 Years	Copy of Secondary Certificate and Vocational Training Certificate
		Electrician	2	10 th Std with Vocational training certificate and Electrician license issued by the competent authority	5 Years	Copy of Secondary Certificate, Vocational Training Certificate and License Issued by DCRP
		Helper	2	Shall be literate		Nil.

Note:-

1. Designation of Employee mentioned in the Resident Card should be the same as the Designation mentioned in the Application for Registration. The Application is likely to be rejected if the designation does not match.
2. For expatriates, attestation of certificates should be obtained from Education Ministry and Embassy of Oman in the country of origin or alternatively from the country of origin's embassy in Oman and the Ministry of Foreign Affairs, Oman.

Technical Staff Requirements Conditions:

- I. Degree/Diploma/Vocational Training Certificate shall be from a recognized University/Institution attested by concerned authorities
- II. Age shall not be less than 17 years
- III. Experience for Omanis shall be reduced by 2 years
- IV. All expatriate employees should possess valid Omani resident visa
- V. Electrician should possess certificate issued by a licensed Distributor in Oman.
- VI. Electrical Engineer shall be holding HSE Certificate.

3. Tools and Equipment:

As a minimum, the contractor shall possess following Tools and equipment:

S. No	Requirement	Grade - C	Remarks
1	Truck with Crane	x	
2	Insulation Tester 5 kV	x	
3	Insulation Tester 1 kV	x	
4	Insulation Tester 500 V	x	
5	Multimeter/Megger	x	
6	Line man Tools	x	
7	Electrician Tools	x	
8	Safety Tools	x	
9	Survey Tools	x	
10	Cable Jointing Tools	x	
11	Cable Tracing Tools	x	
12	Oil Break Down Voltage Testing Tools	x	
13	High Voltage 80 kV testing Tools	x	'C' Grade can own/hire

The DCRP may demand an inspection of the tools any time during assessment.

4. Safety Equipment:

The contractor shall have following safety equipment and protective clothing for their staff:

SI. No.	Requirements	Grade - C
1	All Tools should be insulated	X
2	LV Gloves and rubber Gloves (suitable to the standard voltage level)	X
3	Safety Shoes withstanding electrical hazard.	X
4	Earth Kit	X
5	Pole Climber Safety Belt	X
6	Helmets	X
7	Live Line Tester 11KV	X
8	Safety Goggles	X
9	Overall	X

5. Documents Required for Verification

The following documents should be produced for verification:

Company related certificates

Commercial Registration Certificate, Chamber of Commerce & Industry certificate, Authorization Signature Certificate, list of Omanis Registered in the company, Omanization Certificate, Workmen Compensation Document and Taxation Department Certificate.

Technical staff related certificates:

Qualification , Experiences & HSE Certificate)

Other related documents mentioned in the application forms.

Insurance policy for all employees.

6. Fees

The contractors fulfilling all requirements shall pay following fees as shown in Table Below.

S. No	Grade	Fees Payable
1	C	90 O.R.

The above fees shall be deposited - after scrutiny/acceptance of application at any branch of Bank Muscat.

General Information for Electrical Contractor Registration:

• Cancellation of Registration

In the event any of details/documents submitted are found to be false during the validity of registration or if the Contractor is found to employ unauthorized personnel at site, registration granted to the Contractor will be cancelled and the Contractor will be debarred for registration for one year.

• Renewal

The contractor shall apply for renewal of his registration 3 months before the expiry date and the fees renewal of registration will be same as mentioned in Clause 6.

• Replacement

In case any staff listed in the application is replaced, the contractor shall promptly inform the same to the Secretary, Distribution Code Review Panel within three months.

Procedure for filling-up of Application

1. The Contractor shall submit the following documents to the Secretary Distribution Code Review Panel

- Covering Letter
- Application Form-(Schedule 1) with its required attachments.
- Technical Staff forms- with its required attachments for all technical staff separately.
- Tools and Equipment Form with its required attachments
- Safety Tools and Equipment List
- Undertaking Form

2. All the above documents will be verified for completeness.

3. Individual details will be checked with requirements stipulated for the grade applied

4. Tools and equipment submitted will be checked for physical availability.

5. Availability of Safety equipments and Tools will be checked physically.

When all details submitted by the contractor comply with the requirement for the grade applied, the Committee will recommend registration of the contractor for against the Grade applied.

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 1
Application Form

Type of Application: [] New Registration [] Renewal [] Upgrade

Grade Applied for : "C"

Existing Registration No. (If applicable)

Grade Registered:

Date of Expiry:

- o Copy of Previous Registration Certificate is to be attached

Company Information:

Name of the Company:

Address :

Telephone No. :

Fax :

E-mail address :

Name of the Owner :

Commercial Registration Certificate Information:

Registration No: Date of Expiry:

Company Legal Structure: [] Sole Proprietorship [] Partnership [] LLC

[] Other (specify)

- o Copy of Commercial Registration Certificate is to be attached

Oman Chamber of Commerce Certificate Information:

Registration No: Date of Expiry:

Grade of Commercial Registration:

- o Copy of Chamber of Commerce Certificate is to be attached

Insurance Certificate under Workmen's Compensation:

Insurance Company:

No. of Workers (Electrical):

Policy No.: Validity Period: From..... to

- o Copy of Workmen Compensation Document is to be attached

Omanization Details:

Required Omanization Percentage: Covered Omanization Percentage:

- o Copy of Omanization Certificate from Ministry of Man Power is attached
o Copy of list of Omani registered within the company from Ministry of Man Power is attached.

Authorized Signatory information:

Name of authorized Signatory:

Designation:

- o Copy of Authorization Certificate is attached

Signature of Authorized Person:

Date:

Seal of the Company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 2
Grade Applied: "C"
Category of Post: Electrical Engineer

Name of Company:
Name :
Age :

Passport No :

- Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

- Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- above required degree
 equivalent to the required degree
 below required degree

Qualification Details:

S. No.	Degree	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Experience:

- More than the required
 equivalent to the required
 below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total No. of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 3
Grade Applied: "C"
Category of Post: Foreman

Name of Company:

Name :

Age :

Passport No :

- o Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- o Copy of visa is attached

Date of Expiry:

Resident Card No.:

- o Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- o above required degree
- o equivalent to the required degree
- o below required degree

Qualification Details:

S. No.	Degree/ Diploma	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- o Copy of Qualification Certificate/s is to be attached

Experience:

- o more than the required
- o equivalent to the required
- o below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- o Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 4
Grade Applied: C
Category of Post: Lineman-1

Name of Company:
Name :
Age :

Passport No :

- Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- Copy of visa is attached

Date of Expiry:

Resident Card No.:

- Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- above required degree
 equivalent to the required degree
 below required degree

Qualification Details:

S. No.	Degree	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Experience:

- more than the required
 equivalent to the required
 below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 5
Grade Applied: C
Category of Post: Lineman-2

Name of Company:
Name :
Age :

Passport No :

Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

Copy of visa is attached

Date of Expiry:

Resident Card No.:

Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- above required degree
- equivalent to the required degree
- below required degree

Qualification Details:

S. No.	Degree	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Copy of Qualification Certificate/s is to be attached

Experience:

- more than the required
- equivalent to the required
- below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 6
Grade Applied: C
Category of Post: Lineman-3

Name of Company:
Name :
Age :

Passport No :

- Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

- Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- above required degree
 equivalent to the required degree
 below required degree

Qualification Details:

S. No.	Degree	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Experience:

- more than the required
 equivalent to the required
 below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 7
Grade Applied: "C"
Category of Post: Electrician-1

Name of Company:

Name :

Age :

Passport No :

- Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

- Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- above required degree
 equivalent to the required degree
 below required degree

Qualification Details:

S. No.	Certificate	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Electrician License:

- Valid
 Expired
 Not Exist
 Copy of Electrician License is to be attached

Experience:

- more than the required
 equivalent to the required
 below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 8
Grade Applied: "C"
Category of Post: Electrician-2

Name of Company:

Name :

Age :

Passport No :

- Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

- Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- above required degree
- equivalent to the required degree
- below required degree

Qualification Details:

S. No.	Certificate	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Electrician License:

- Valid
- Expired
- Not Exist
- Copy of Electrician License is to be attached

Experience:

- more than the required
- equivalent to the required
- below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 9
Grade Applied: "C"
Category of Post: Helper-1

Name of Company:

Name :

Age :

Passport No :

- Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

- Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- above required degree
 equivalent to the required degree
 below required degree

Qualification Details:

S. No.	School	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Experience:

- more than the required
 equivalent to the required
 below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 10
Grade Applied: "C"
Category of Post: Helper-2

Name of Company:

Name :

Age :

Passport No :

- Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

- Copy of Resident card is to be attached

Date of Expiry:

Qualification:

- above required degree
 equivalent to the required degree
 below required degree

Qualification Details:

S. No.	School	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Experience:

- more than the required
 equivalent to the required
 below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

- Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 11
Acknowledgment of Responsibility

By signing this document, I hereby confirm the followings:

- That I the undersigned is responsible for all electrical works performed by our Company
- That I will comply with the Regulations issued by the Authority for Electricity Regulation, Oman including compliance with Oman Electrical Standards and Distribution Code ...etc
- That I will inform the Secretary, DCRP immediately if any of key staff mentioned in the registration documents are replaced by us.
- That all information submitted in the application forms and all attached documents is true.
- That the tools and equipments are as per the requirements and complying with safety standards stipulated.
- That I will fulfill any shortcomings in the registration requirements (if any) within a period of 3 months.

For & on behalf of the

Signature of Authorized Signatory

Date:

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 12
Affirmation

We M/s _____ P.O.Box. _____ P.C. _____ hereby confirm that we and our relatives (names/positions/place of work/relationship mentioned below) till third generation who are working in Licensed Distribution Companies (Muscat Electricity Distribution Company, Majan Electricity Company, Mazoon Electricity Company and Rural Areas Electricity Company) are as follows:

S.No.	Name	Position /Company	Relationship Level	Remark

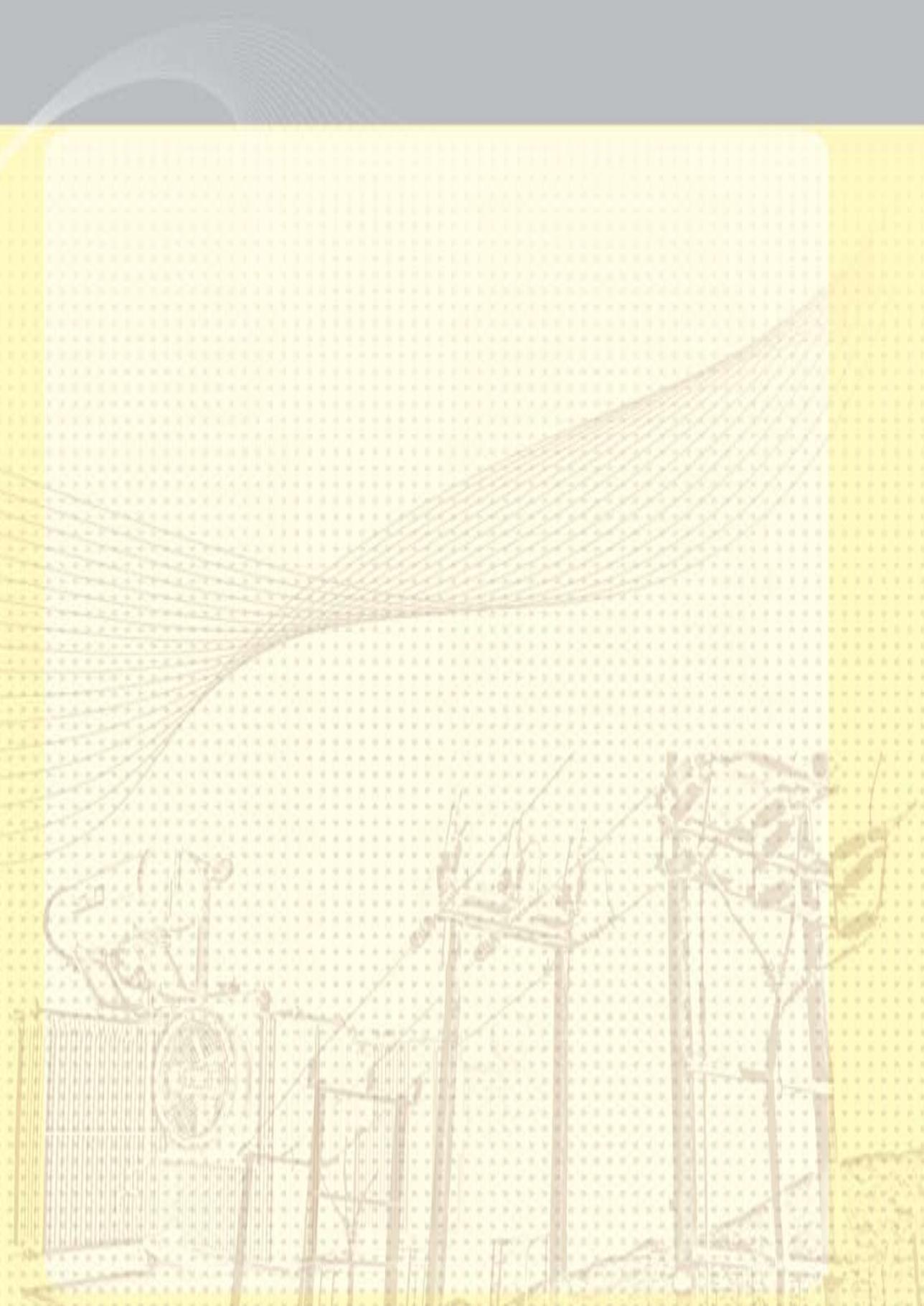
Note: in case none of the owners or their relatives till third generation are working in the licensed distributors companies, nil should be written in name column.

This confirmation is for the purpose of Registration of our Company as an Electrical Contractor and we take full responsibility for the truth of above information.

Date:

Authorized Signatory:

Signature:

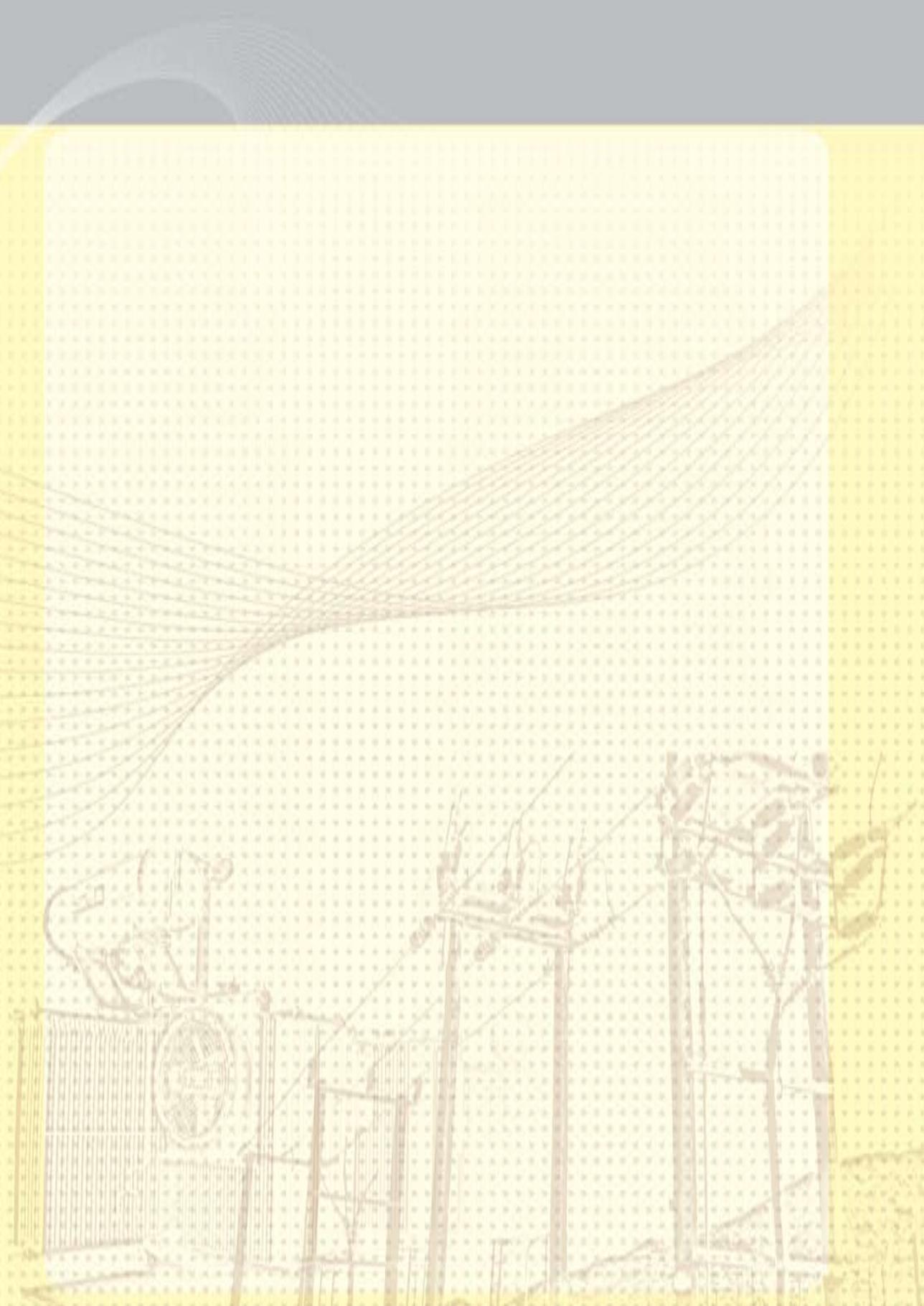


Application Fee: 5.000 O.R

Application No.:

Application Form - D for Registration of Electrical Contractors to work in Distribution Systems below 132 KV level Grade-D

Pursuant to the requirement of **Distribution Code Review Panel (DCRP)**, each electrical contractor who wishes to work in the **Oman Electrical Distribution System** (below 132 KV Level) has to register with in the **DCRP**. A valid registered contractor in a particular grade is a firm complying with **DCRP** requirements set for that grade.



**Application Form - D
for Registration of Electrical Contractors
to work in Distribution Systems
below 132 KV level
Grade - D**

CHECK LIST FOR

COMPLIANCE WITH REQUIREMENTS CONTAINED IN THE APPLICATION FORM

(This Check List is to be filled, signed, stamped by the Contractor and submitted along with the Application Form)

Note:-

1. The Contractor should tick (☑) in the check box if the answer is "yes" and tick (X) in the check box if the answer is "No". Where check boxes are not provided, the relevant data is to be written by hand.
2. This Check List is meant for both existing Contractors seeking New Registration as well as for Contractors seeking renewal of their Registration.

-
1. Registration Category: A B C D E
 2. Date of Application (in case of Renewal of Registration, Indicate separately the date of expiry of previous Registration.) _____
 3. Eligibility criteria as mentioned in Item-□ of the Application Form has been met
 4. Proposed Technical Staff have the required qualifications and experience
 5. Designations of the proposed staff match with the designations mentioned in their Resident Cards
 6. Qualification Certificates of key staff have been attested by the Education Ministry and Omani Embassy in their relevant countries
 7. All expatriate employees possess valid resident visa at the time of submission of application
 8. Key staff of the Contractor have completed HSE Training (For Grades A & B Only. Proof to be attached)
 9. All Electricians have valid Electrician's License issued by DCRP
 10. All Cable Jointers have valid certificate issued by approved manufacturers
 1. All Tools and Equipment are available at the time of submission of this Application
 2. Proper insurance coverage has been obtained for all the proposed employees of the Contractor
 3. Protection Engineer is from In-house Outsourced (This is applicable for Grades A & B only)
 4. Proposed Protection Engineer has passed the required test and holds a certificate issued by DCRP
 5. HSE Officer is from In-house Outsourced (This is applicable for Grades A & B only)
 6. All required Safety & Testing Equipment are available

Signature of the Contractor : _____ Date: _____

Name of the Contractor : _____

Application checked and found to be complete. Recommended for Approval Not Recommended for Approval

Signature of CAWG Member : _____ Date: _____

Name of CAWG Member : _____

SL.No.	Table of Contents	Page No.
1	General Description of Registration Category	1
2	Schedule 1 - Application Form	5
3	Schedule 2 - Category of Post : Electrical Engineer / Foreman	6
4	Schedule 3 - Category of Post : Electrician 1	7
5	Schedule 4 - Category of Post : Electrician 2	8
6	Schedule 5 - Category of Post : Lineman 1	9
7	Schedule 6 - Category of Post : Lineman 2	10
8	Schedule 7 - Acknowledgment of Responsibility	11
9	Schedule 8 - Affirmation	12

Registration Categories:

The system of contractor's registration within DCRP comprises five grades (A, B, C, D, and E). Contractors who hold a higher grade registration will be permitted to undertake works pertaining to lower grades.

For first time Registration, unless otherwise approved by the DCRP (as a special case), the maximum Grade a contractor can apply for is Grade-C.

S. No	Grade	Scope of work
1	A	Works on 33 KV and above (< 132 kV) and 33/11 KV substations
2	B	33 KV overhead lines and cables 33/11 KV Out door substation up to 6MVA with out Breaker
3	C	415V overhead lines and underground cables, 11 KV overhead lines and underground cable extensions, and 11KV/ 415 V Distribution substation
4	D	LV U/G cable and LV O/H Line works (415V) and Internal wiring of buildings more than two floors
5	E	Internal wiring of buildings up to two floors

Validity of Registration Certificate

A Registration Certificate will be issued on fulfilling all requirements stipulated for each grade. Every Registration Certificate will be valid for a period of three years from the date of issue.

1. Eligibility

To be eligible to apply for Registration as an Electrical Contractor, a company shall

- be registered in Oman with Government concerned authority as per the commercial law.
- implement diligently omanization requirements as per labor law.
- attach with its application a copy of the taxation certificate issued by the Secretariat General of Taxation.
- have an established office with telephone, facsimile and E-mail facilities. Also, company shall have facilities for transporting staff and materials to site. (The DCRP or CAWG Members will visit the office of the Contractor for inspection prior to granting approval for registration)

2. Staff Requirement

A. Technical Staff

The company shall have staff mentioned below for each grade as a minimum. Depending on volume of work, number of staff shall be increased for efficient and timely completion of the works awarded.

S. No	Grade	Category	Min. No.	Min. Qualification	Minimum Experience	Documents Required along with Application
1	D	Supervisor/ Foreman	1	3 Years Diploma in Electrical Engineering	3 years	Attested Copy of Diploma
		Electrician	2	10 th Std with Vocational training certificate and Electrician license issued by the competent authority	4 Years	Copy of Secondary Certificate, Vocational Training Certificate and License Issued by DCRP
		Lineman	2	10 th Std with Vocational training	4 Years	Copy of Secondary Certificate, Vocational Training Certificate and License Issued by DCRP

Note:-

- Designation of Employee mentioned in the Resident Card should be the same as the Designation mentioned in the Application for Registration. The Application is likely to be rejected if the designation does not match.
- For Expatriate Employees.....

Technical Staff Requirements Conditions:

- Vocational Training Certificate shall be from a recognized Institution attested by concerned authorities
- Age shall not be less than 17 years
- Experience for Omanis shall be reduced by 2 years
- All expatriate employees should possess valid Omani resident visa
- Electrician should possess certificate issued by a licensed Distributor in Oman.

3. Tools and Equipment:

As a minimum, the contractor shall possess following Tools and equipment:

S. No	Requirement	Grade D	Remarks
1	Insulation Tester 1 KV & 500 V	x	
2	Multimeter/Megger	x	
3	Electrician Tools / Lineman Tools	x	
4	Safety Tools	x	
5	Cable Tracing Tools	x	

The DSCRIP may demand an inspection of the tools any time during assessment.

4. Safety Equipment:

The contractor shall have following safety equipment and protective clothing for their staff:

Sl. No.	Requirements	Grade - D
1	All Tools should be insulated	X
2	LV Gloves and rubber Gloves (suitable to the standard voltage level)	X
3	Safety Shoes withstanding electrical hazard.	X
4	Helmets	X
5	Overall	X
6	Pole Climber Safety Tools	X
7	Earth Kit	X
8	Safety Goggles	X

5. Documents Required for Verification

The following documents should be produced for verification:

Company related certificates

Commercial Registration Certificate, Chamber of Commerce & Industry certificate, Authorization Signature Certificate, list of Omanis Registered in the company, Omanization Certificate, Workmen Compensation Document and Taxation Department Certificate.

Technical staff related certificates:

Qualification , Experiences & HSE Certificate)

Other related documents mentioned in the application forms.

Insurance policy for all employees.

6. Fees

The contractors fulfilling all requirements shall pay following fees as shown in Table Below.

S. No	Grade	Fees Payable
1	D	60 O.R.

The above fees shall be deposited - after scrutiny/acceptance of application at any branch of Bank Muscat.

General Information for Electrical Contractor Registration:

- **Cancellation of Registration**
In the event any of details/documents submitted are found to be false during the validity of registration or if the Contractor is found to employ unauthorized personnel at site, registration granted to the Contractor will be cancelled and the Contractor will be debarred for registration for one year.
- **Renewal**
The contractor shall apply for renewal of his registration 3 months before the expiry date and the fees renewal of registration will be same as mentioned in Clause 6.
- **Replacement**
In case any staff listed in the application is replaced, the contractor shall promptly inform the same to the Secretary, Distribution Code Review Panel within three months.

Procedure for filling-up of Application

1. The Contractor shall submit the following documents to the Secretary Distribution Code Review Panel
 - Covering Letter
 - Application Form-(Schedule 1) with its required attachments.
 - Technical Staff forms- with its required attachments for all technical staff separately.
 - Tools and Equipment Form with its required attachments
 - Safety Tools and Equipment List
 - Undertaking Form
2. All the above documents will be verified for completeness.
3. Individual details will be checked with requirements stipulated for the grade applied
4. Tools and equipment submitted will be checked for physical availability.
5. Availability of Safety equipments and Tools will be checked physically.

When all details submitted by the contractor comply with the requirement for the grade applied, the Committee will recommend registration of the contractor for against the Grade applied.

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 1
Application Form

Type of Application: [] New Registration [] Renewal [] Upgrade

Grade Applied for : "D"

Existing Registration No. (If applicable) Grade Registered:

Date of Expiry:

- o Copy of Previous Registration Certificate is to be attached

Company Information:

Name of the Company:

Address :

Telephone No. :

Fax :

E-mail address :

Name of the Owner :

Commercial Registration Certificate Information:

Registration No: Date of Expiry:

Company Legal Structure: [] Sole Proprietorship [] Partnership [] LLC
[] Other (specify)

Copy of Commercial Registration Certificate is to be attached

Oman Chamber of Commerce Certificate Information:

Registration No: Date of Expiry:

Grade of Commercial Registration:

- o Copy of Chamber of Commerce Certificate is to be attached

Insurance Certificate under Workmen's Compensation:

Insurance Company:

No. of Workers (Electrical):

Policy No.:

Validity Period: From..... to

Copy of Workmen Compensation Document is to be attached

Omanization Details:

Required Omanization Percentage: Covered Omanization Percentage:

- o Copy of Omanization Certificate from Ministry of Man Power is attached
- o Copy of list of Omani registered within the company from Ministry of Man Power is attached.

Authorized Signatory information:

Name of authorized Signatory:

Designation:

- o Copy of Authorization Certificate is attached

Signature of Authorized Person:

Date:

Seal of the Company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 2
Grade Applied: "D"
Category of Post: Supervisor / Foreman

Name of Company:
Name :
Age :

Passport No :
 Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):
 Copy of visa is attached

Date of Expiry:

Resident Card No.:
 Copy of Labor card is to be attached

Date of Expiry:

Qualification:
 above required degree
 equivalent to the required degree
 below required degree

Qualification Details:

S. No.	Degree/ Diploma	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
--------	--------------------	----------------	--------------------------	-------------------	--

Copy of Qualification Certificate/s is to be attached

Experience:
 more than the required
 equivalent to the required
 below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
--------	--------------------	---------	------------------	-------------------	---

Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:
Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 3
Grade Applied: "D"
Category of Post: Electrician-1

Name of Company:
Name :
Age :

Passport No :

- Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

- Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- above required degree
 equivalent to the required degree
 below required degree

Qualification Details:

S. No.	Certificate	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
--------	-------------	----------------	-----------------------	----------------	---

- Copy of Qualification Certificate/s is to be attached

Electrician License:

- Valid
 Expired
 Not Exist
 Copy of Electrician License is to be attached

Experience:

- more than the required
 equivalent to the required
 below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
--------	-----------------	---------	---------------	----------------	--

- Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 4
Grade Applied: "D"
Category of Post: Electrician-2

Name of Company:

Name :

Age :

Passport No :

- Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

- Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- above required degree
- equivalent to the required degree
- below required degree

Qualification Details:

S. No.	Certificate	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
--------	-------------	----------------	-----------------------	----------------	---

- Copy of Qualification Certificate/s is to be attached

Electrician License:

- Valid
- Expired
- Not Exist
- Copy of Electrician License is to be attached

Experience:

- more than the required
- equivalent to the required
- below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
--------	-----------------	---------	---------------	----------------	--

- Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 5
Grade Applied: "D"
Category of Post: Lineman-1

Name of Company:

Name :

Age :

Passport No :

- Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

- Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- above required degree
- equivalent to the required degree
- below required degree

Qualification Details:

S. No.	Certificate	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
--------	-------------	----------------	-----------------------	----------------	---

- Copy of Qualification Certificate/s is to be attached

Electrician License:

- Valid
- Expired
- Not Exist
- Copy of Electrician License is to be attached

Experience:

- more than the required
- equivalent to the required
- below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
--------	-----------------	---------	---------------	----------------	--

- Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 6
Grade Applied: "D"
Category of Post: Lineman 2

Name of Company:

Name :
Age :

Passport No :

- Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

- Copy of Resident card is to be attached

Date of Expiry:

Qualification:

- above required degree
- equivalent to the required degree
- below required degree

Qualification Details:

S. No.	School	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
--------	--------	----------------	-----------------------	----------------	---

- Copy of Qualification Certificate/s is to be attached

Experience:

- more than the required
- equivalent to the required
- below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
--------	-----------------	---------	---------------	----------------	--

- Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 7
Acknowledgment of Responsibility

By signing this document, I hereby confirm the followings:

- That I the undersigned is responsible for all electrical works performed by our Company
- That I will comply with the Regulations issued by the Authority for Electricity Regulation, Oman including compliance with Oman Electrical Standards and Distribution Code ...etc
- That I will inform the Secretary, DCRP immediately if any of key staff mentioned in the registration documents are replaced by us.
- That all information submitted in the application forms and all attached documents is true.
- That the tools and equipments are as per the requirements and complying with safety standards stipulated.
- That I will fulfill any shortcomings in the registration requirements (if any) within a period of 3 months.

For & on behalf of the

Signature of Authorized Signatory

Date:

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 8
Affirmation

We M/s _____ P.O.Box. _____ P.C. _____ hereby confirm that we and our relatives (names/positions/place of work/relationship mentioned below) till third generation who are working in Licensed Distribution Companies (Muscat Electricity Distribution Company, Majan Electricity Company, Mazoon Electricity Company and Rural Areas Electricity Company) are as follows:

S.No.	Name	Position /Company	Relationship Level	Remark

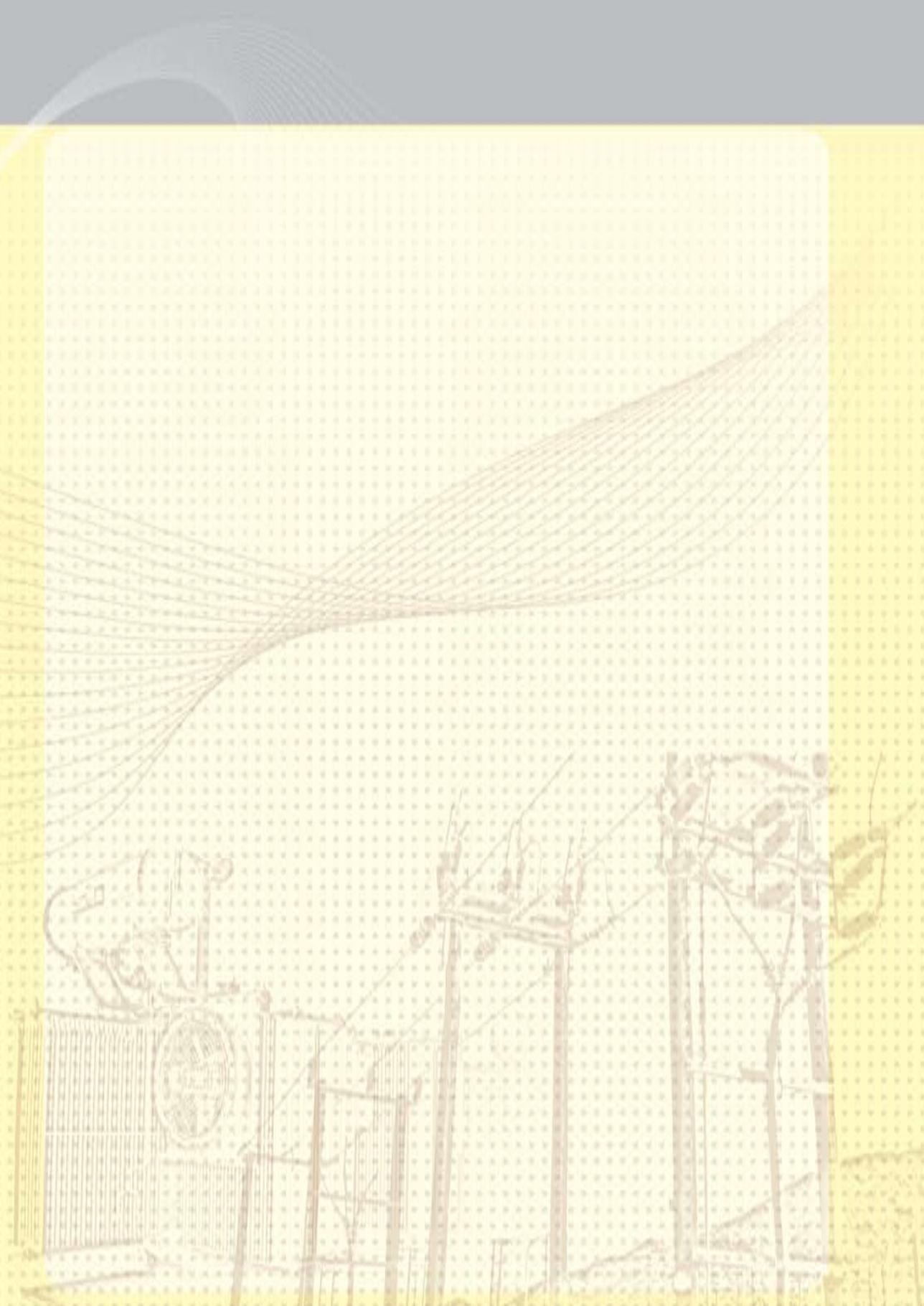
Note: in case none of the owners or their relatives till third generation are working in the licensed distributors companies, nil should be written in name column.

This confirmation is for the purpose of Registration of our Company as an Electrical Contractor and we take full responsibility for the truth of above information.

Date:

Authorized Signatory:

Signature:

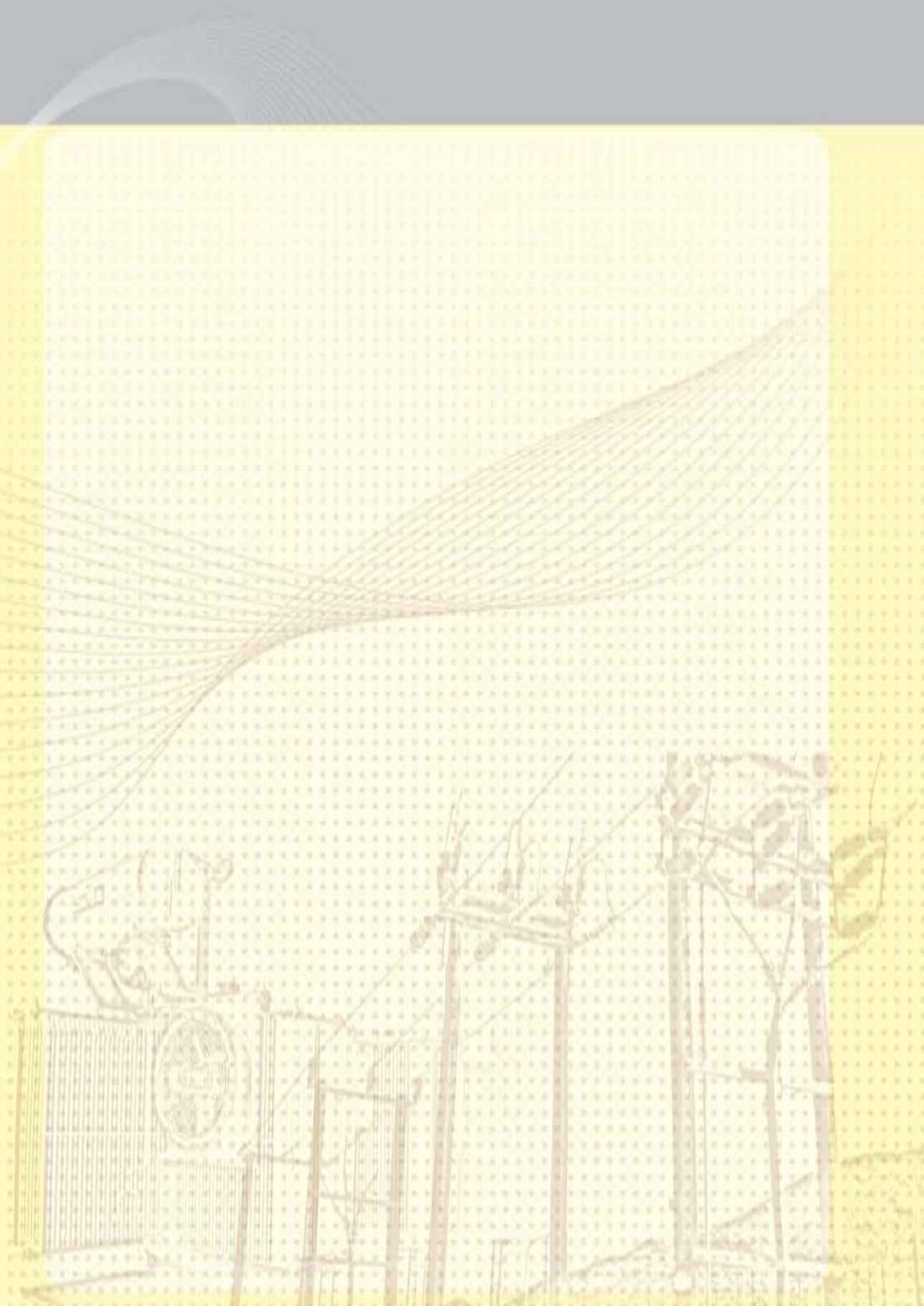


Application Fee: 5.000 O.R

Application No.:

Application Form - E for Registration of Electrical Contractors to work in Distribution Systems below 132 KV level Grade-E

Pursuant to the requirement of **Distribution Code Review Panel (DCRP)**, each electrical contractor who wishes to work in the **Oman Electrical Distribution System** (below 132 KV Level) has to register with in the **DCRP**. A valid registered contractor in a particular grade is a firm complying with **DCRP** requirements set for that grade.



Application Form - E
for Registration of Electrical Contractors
to work in Distribution Systems
below 132 KV level
Grade - E

CHECK LIST FOR

COMPLIANCE WITH REQUIREMENTS CONTAINED IN THE APPLICATION FORM

(This Check List is to be filled, signed, stamped by the Contractor and submitted along with the Application Form)

Note:-

1. The Contractor should tick (a) in the check box if the answer is "yes" and tick (X) in the check box if the answer is "No". Where check boxes are not provided, the relevant data is to be written by hand.
2. This Check List is meant for both existing Contractors seeking New Registration as well as for Contractors seeking renewal of their Registration.

-
1. Registration Category: A B C D E
 2. Date of Application (in case of Renewal of Registration, Indicate separately the date of expiry of previous Registration.) _____
 3. Eligibility criteria as mentioned in Item-1 of the Application Form has been met
 4. Proposed Technical Staff have the required qualifications and experience
 5. Designations of the proposed staff match with the designations mentioned in their Resident Cards
 6. Qualification Certificates of key staff have been attested by the Education Ministry and Omani Embassy in their relevant countries
 7. All expatriate employees possess valid resident visa at the time of submission of application
 8. Key staff of the Contractor have completed HSE Training 1 (For Grades A & B Only. Proof to be attached)
 9. All Electricians have valid Electrician's License issued by DCRP
 10. All Cable Jointers have valid certificate issued by approved manufacturers
 11. All Tools and Equipment are available at the time of submission of this Application
 12. Proper insurance coverage has been obtained for all the proposed employees of the Contractor
 13. Protection Engineer is from In-house Outsourced (This is applicable for Grades A & B only)
 14. Proposed Protection Engineer has passed the required test and holds a certificate issued by DCRP 1
 15. HSE Officer is from In-house Outsourced (This is applicable for Grades A & B only)
 16. All required Safety & Testing Equipment are available

Signature of the Contractor: _____ Date: _____

Name of the Contractor : _____

Application checked and found to be complete. Recommended for Approval 1 Not Recommended for Approval

Signature of CAWG Member: _____ Date: _____

Name of CAWG Member: _____

SL.No.	Table of Contents	Page No.
1	General Description of Registration Category	1
2	Schedule 1 - Application Form	5
3	Schedule 2 - Category of Post : Electrician 1	6
4	Schedule 3 - Category of Post : Electrician 2	7
5	Schedule 4 - Category of Post : Helper 1	8
6	Schedule 5 - Acknowledgment of Responsibility	9
7	Schedule 6 - Affirmation	10

Registration Categories:

The system of contractor's registration within DCRP comprises five grades (A, B, C, D, and E). Contractors who hold a higher grade registration will be permitted to undertake works pertaining to lower grades.

For first time Registration, unless otherwise approved by the DCRP (as a special case), the maximum Grade a contractor can apply for is Grade-C.

S. No	Grade	Scope of work
1	A	Works on 33 KV and above (< 132 kV) and 33/11 KV substations
2	B	33 KV overhead lines and cables 33/11 KV Out door substation up to 6MVA with out Breaker
3	C	415V overhead lines and underground cables, 11 KV overhead lines and underground cable extensions, and 11KV/ 415 V Distribution substation
4	D	LV U/G cable and LV O/H Line works (415V) and Internal wiring of buildings more than two floors
5	E	Internal wiring of buildings up to two floors

Validity of Registration Certificate

A Registration Certificate will be issued on fulfilling all requirements stipulated for each grade. Every Registration Certificate will be valid for a period of three years from the date of issue.

1. Eligibility

To be eligible to apply for Registration as an Electrical Contractor, a company shall

- be registered in Oman with Government concerned authority as per the commercial law.
- implement diligently omanization requirements as per labor law.
- attach with its application a copy of the taxation certificate issued by the Secretariat General of Taxation.
- have an established office with telephone, facsimile and E-mail facilities. Also, company shall have facilities for transporting staff and materials to site. (The DCRP or CAWG Members will visit the office of the Contractor for inspection prior to granting approval for registration)

2. Staff Requirement

A. Technical Staff

The company shall have staff mentioned below for each grade as a minimum. Depending on volume of work, number of staff shall be increased for efficient and timely completion of the works awarded.

S. No	Grade	Category	Min. No.	Min. Qualification	Minimum Experience	Documents Required along with Application
1	E	Electrician	2	10 th Std with Vocational training certificate and Electrician license issued by the competent authority	3 years	Copy of Secondary Certificate, Vocational Training Certificate and License Issued by DCRP
2		Helper	1	Shall be literate		Nil.

Note:-

Designation of Employee mentioned in the Resident Card should be the same as the Designation mentioned in the Application for Registration. The Application is likely to be rejected if the designation does not match.

Technical Staff Requirements Conditions:

- I. Vocational Training Certificate shall be from a recognized Institution attested by concerned authorities
- II. Age shall not be less than 17 years
- III. Experience for Omanis shall be reduced by 2 years
- IV. All expatriate employees should possess valid Omani resident visa
- V. Electrician should possess certificate issued by a licensed Distributor in Oman.

3. Tools and Equipment:

As a minimum, the contractor shall possess following Tools and equipment:

S. No	Requirement	Grade	Remarks
		E	
1	Insulation Tester 500 V	x	
2	Multimeter/Megger	x	
3	Electrician Tools	x	
4	Safety Tools	x	

The DCRP may demand an inspection of the tools any time during assessment.

4. Safety Equipment:

The contractor shall have following safety equipment and protective clothing for their staff:

S. No.	Requirements	Grade - E
1	All Tools should be insulated	X
2	LV Gloves and rubber Gloves (suitable to the standard voltage level)	X
3	Safety Shoes withstanding electrical hazard.	X
6	Helmets	X
10	Overall	X

5. Documents Required for Verification

The following documents should be produced for verification:

Company related certificates

Commercial Registration Certificate, Chamber of Commerce & Industry certificate, Authorization Signature Certificate, list of Omanis Registered in the company, Omanization Certificate, Workmen Compensation Document and Taxation Department Certificate.

Technical staff related certificates:

Qualification, & Experiences Certificate.

Other related documents mentioned in the application forms.

Insurance policy for all employees.

6. Fees

The contractors fulfilling all requirements shall pay following fees as shown in Table Below.

S. No	Grade	Fees Payable
1	E	30 O.R.

The above fees shall be deposited - after scrutiny/acceptance of application at any branch of Bank Muscat.

General Information for Electrical Contractor Registration:

• Cancellation of Registration

In the event any of details/documents submitted are found to be false during the validity of registration or if the Contractor is found to employ unauthorized personnel at site, registration granted to the Contractor will be cancelled and the Contractor will be debarred for registration for one year.

• Renewal

The contractor shall apply for renewal of his registration 3 months before the expiry date and the fees renewal of registration will be same as mentioned in Clause 6.

• Replacement

In case any staff listed in the application is replaced, the contractor shall promptly inform the same to the Secretary, Distribution Code Review Panel within three months.

Procedure for filling-up of Application

1. The Contractor shall submit the following documents to the Secretary Distribution Code Review Panel

- Covering Letter
- Application Form-(Schedule 1) with its required attachments.
- Technical Staff forms- with its required attachments for all technical staff separately.
- Tools and Equipment Form with its required attachments
- Safety Tools and Equipment List
- Undertaking Form

2. All the above documents will be verified for completeness.

3. Individual details will be checked with requirements stipulated for the grade applied

4. Tools and equipment submitted will be checked for physical availability.

5. Availability of Safety equipments and Tools will be checked physically.

When all details submitted by the contractor comply with the requirement for the grade applied, the Committee will recommend registration of the contractor for against the Grade applied.

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 1
Application Form

Type of Application: [] New Registration [] Renewal [] Upgrade

Grade Applied for : "E"

Existing Registration No. (If applicable) Grade Registered:

Date of Expiry:

Copy of Previous Registration Certificate is to be attached

Company Information:

Name of the Company:

Address :

Telephone No. :

Fax :

E-mail address :

Name of the Owner :

Commercial Registration Certificate Information:

Registration No: Date of Expiry:

Company Legal Structure: [] Sole Proprietorship [] Partnership [] LLC
[] Other (specify)

Copy of Commercial Registration Certificate is to be attached

Oman Chamber of Commerce Certificate Information:

Registration No: Date of Expiry:

Grade of Commercial Registration:

Copy of Chamber of Commerce Certificate is to be attached

Insurance Certificate under Workmen's Compensation:

Insurance Company:

No. of Workers (Electrical):

Policy No.: Validity Period: From..... to

Copy of Workmen Compensation Document is to be attached

Omanization Details:

Required Omanization Percentage: Covered Omanization Percentage:

- Copy of Omanization Certificate from Ministry of Man Power is attached
 Copy of list of Omani registered within the company from Ministry of Man Power is attached.

Authorized Signatory information:

Name of authorized Signatory:

Designation:

Copy of Authorization Certificate is attached

Signature of Authorized Person:

Date:

Seal of the Company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 2
Grade Applied:
Category of Post: Electrician-1

Name of Company:

Name :

Age :

Passport No :

- Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

- Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- above required degree
 equivalent to the required degree
 below required degree

Qualification Details:

S. No.	Certificate	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
--------	-------------	----------------	-----------------------	----------------	---

- Copy of Qualification Certificate/s is to be attached

Electrician License:

- Valid
 Expired
 Not Exist
 Copy of Electrician License is to be attached

Experience:

- more than the required
 equivalent to the required
 below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
--------	-----------------	---------	---------------	----------------	--

- Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 3
Grade Applied:
Category of Post: Electrician-2

Name of Company:

Name :

Age :

Passport No :

Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

Copy of Labor card is to be attached

Date of Expiry:

Qualification:

- above required degree
 equivalent to the required degree
 below required degree

Qualification Details:

S. No.	Certificate	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
--------	-------------	----------------	-----------------------	----------------	---

Copy of Qualification Certificate/s is to be attached

Electrician License:

- Valid
 Expired
 Not Exist
 Copy of Electrician License is to be attached

Experience:

- more than the required
 equivalent to the required
 below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
--------	-----------------	---------	---------------	----------------	--

Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 4
Grade Applied:
Category of Post: Helper-1

Name of Company:

Name :
Age :

Passport No :

- Copy of passport is to be attached

Date of Expiry:

Visa No (if applicable):

- Copy of visa is to be attached

Date of Expiry:

Resident Card No.:

- Copy of Resident card is to be attached

Date of Expiry:

Qualification:

- above required degree
 equivalent to the required degree
 below required degree

Qualification Details:

S. No.	School	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
--------	--------	----------------	-----------------------	----------------	---

- Copy of Qualification Certificate/s is to be attached

Experience:

- more than the required
 equivalent to the required
 below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total of years	Attested Experience Cert. Copy is attached
--------	-----------------	---------	---------------	----------------	--

- Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 5
Acknowledgment of Responsibility

By signing this document, I hereby confirm the followings:

- That I the undersigned is responsible for all electrical works performed by our Company
- That I will comply with the Regulations issued by the Authority for Electricity Regulation, Oman including compliance with Oman Electrical Standards and Distribution Code ...etc
- That I will inform the Secretary, DCRP immediately if any of key staff mentioned in the registration documents are replaced by us.
- That all information submitted in the application forms and all attached documents is true.
- That the tools and equipments are as per the requirements and complying with safety standards stipulated.
- That I will fulfill any shortcomings in the registration requirements (if any) within a period of 3 months.

For & on behalf of the

Signature of Authorized Signatory

Date:

Distribution Code Review Panel
Application for Registration/Renewal of Contractors to work in the Distribution System
Schedule 6
Affirmation

We M/s _____ P.O.Box. _____ P.C. _____ hereby confirm that we and our relatives (names/positions/place of work/relationship mentioned below) till third generation who are working in Licensed Distribution Companies (Muscat Electricity Distribution Company, Majan Electricity Company, Mazoon Electricity Company and Rural Areas Electricity Company) are as follows:

S.No.	Name	Position /Company	Relationship Level	Remark

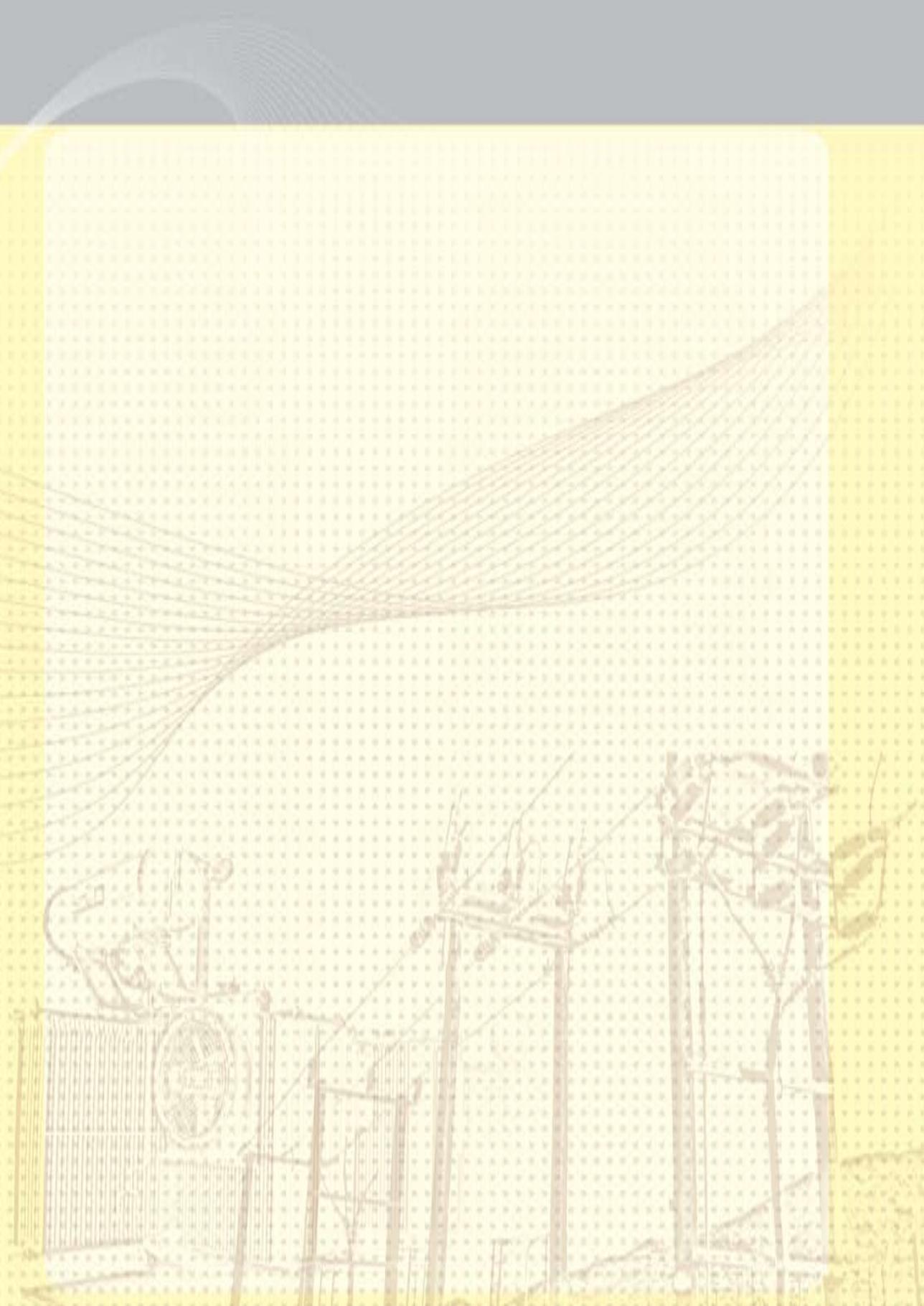
Note: in case none of the owners or their relatives till third generation are working in the licensed distributors companies, null should be written in name column.

This confirmation is for the purpose of Registration of our Company as an Electrical Contractor and we take full responsibility for the truth of above information.

Date:

Authorized Signatory:

Signature:



ADDITIONAL HSE REQUIREMENTS FOR CONTRACTOR REGISTRATION OF ALL GRADES

The contractor registration requirements of Health Safety and Environment (HSE) are as described below:

GRADE A, B & C : to comply with all requirements set forth.

GRADE D & E : to comply with requirement no. 3, 4 & 5.

1. The contractor shall appoint full time HSE Officer. The competence of the HSE officer is explained in **appendix-A** and a form shall be filled for HSE officer (ensample of HSE officer form can be seen in **appendix-B**) For **grade C** the contractor can nominate one of the key persons (Engineers) to take duty of HSE officer.
2. The contractor shall develop a clear plan for health, safety & Environment and this plan must be approved by the delegated HSE Officer or by an authorized HSE Institute in case the contractor doesn't have HSE officer.
3. The contractor shall train all technical staff in HSE at an authorized HSE institute and to attach the relevant certificates as proof. The following table shows HSE courses needed to be taken by each employee.

S. No.	Technical Staff	Minimum HSE Courses to be Taken
1	Electrical Engineer	HSE Induction , first aid ,Electrical Safety & Mange Safety
2	Site Engineer	HSE Induction, first aid, Electrical Safety & Risk Assessment.
3	Protection/testing & commissing Engineer	HSE Induction , first aid ,Electrical Safety & Risk Assessment
4	Foremen /supervisor	HSE Induction , first aid ,Electrical Safety , Mange Safety
5	Linemen	HSE Induction , first aid & Electrical Safety
6	Electrician	HSE Induction , first aid & Electrical Safety
7	Cable jointer	HSE Induction , first aid, Electrical Safety
8	Draughtsman/ Surveyor	HSE Induction , first aid
9	Helper	HSE Induction , first aid

4. Any permit Applicant /Holder should be authorized & qualified to do electrical related jobs such as (Electrical work, Excavation, equipment testing...etc) and relevant authorization and qualification certificates should be attached as a proof.
5. The contractor should comply with Ministerial Decision 286/2008 of HSE Requirements.

Moreover, the contractor should fill up the HSE check list (ensample of HSE check list can be seen in **appendix-C**) that will be attached in the application file.

GUIDELINES FOR PROCESSING OF APPLICATIONS

General:

This Guidelines Document is a living document. This Document may be amended and/or revised any time based on unanimous decision taken by the CAWG or based on the directives of the DCRP.

This guidance note provides guidelines for issuing the application forms, receiving application, processing application, and rejecting or approves application.

Guidelines:

1.0 Issue of Application Forms and Receipt of Documents:

- 1.1 Application Forms for new Registration as well as Renewal of existing Registration shall be issued by the Secretary – DCRP. Application forms shall only be issued to the Contractors who pay the prescribed fee as mentioned on the cover page of the Application Form.

All completed Applications shall be submitted to the Secretary – DCRP who shall issue a receipt note (**appendix-D**) to the applicant and then forward the file to any of the DCRP members for evaluation.

2.0 Clarifications/Queries Related to Applications for Registration:-

- 2.1 The CAWG Member who is processing an Application for Registration shall contact the Contractor directly to obtain information/clarifications related to the Application or if there are significant shortages the CAWG Member will write letter (ensample of letter can be seen in **appendix-E**) to the applicant informing him with same.
- 2.2 The CAWG Member processing an Application for Registration shall write letters (ensample of letter can be seen in **appendix-F**) to the Contractor informing him about rejection of his application due to reasons indicated in the letter. A copy of the letter shall be marked to all members of the CAWG including the Secretary – DCRP.

3.0 Time limit for Processing of Applications for Registration:

- 3.1 The DCRP Secretary shall forward Applications for Registration to the members of the CAWG within two (2) working days of receipt of same.
- 3.2 The CAWG member who receives the file shall scrutinize the application, seek all clarifications, prepare his evaluation report and submit the same to the Secretary – DCRP within fifteen (15) working days from the date of receipt of the application.
- 3.3 The Contractor shall submit his clarifications and provide additional documents as required by the CAWG Member within 20 working days from the date of receipt of letter from the CAWG Member.

4.0 Approval of Applications for Registration:-

- 4.1 The Secretary – DCRP shall prepare the form for approval of an Application for Registration (appendix -G) and obtain signatures from all members of the CAWG.
- 4.2 A Letter of Intimation with regard to approval of an Application for Registration shall be sent to the Contractor by the Secretary – DCRP within five (5) working days from the date of receipt of evaluation report from the CAWG Member.
- 4.3 The Secretary – DCRP shall inform the Contractor to pay the Registration Fees and collect his Registration Certificate within five (5) working days from the date of receipt of Intimation Letter mentioned in Item 4.1 above.

5.0 Record Maintenance and Transparency:-

- 5.1 The Secretary – DCRP shall maintain a record of all Applications received including date of forwarding to the CAWG Member, time taken for evaluation, date when letter of clarification was sent to the Contractor, time taken by the Contractor for submitting his reply to the clarifications etc.
- 5.2 The Secretary - DCRP shall maintain record of all Approved Applications together with supporting documents for cross verification by any member of the CAWG and/or DCRP at any time.

6.0 Physical inspection :-

- 6.1 DCRP can at any time conduct a physical inspection for registered contractor or contractor willing to register, appendix –H is consisting the form that would be filled for physical inspection.

* * * * *

APPENDIX-A

MINIMUM COMPETENCE FOR HSE OFFICER/ ADVISERS

الحد الأدنى المطلوب لكفاءة ضابط أو مستشار الصحة والسلامة والبيئة

Objective :

Contractor(s) required to provide HSE officer, Advisor at a minimum, satisfy the requirements of the 'Occupational Health & Industrial Safety Precautions

Competence for HSE Officer:

HSE Officer shall be knowledgeable in specific relevant safety techniques and have a working knowledge of the legal and contractual health, safety and environmental requirements that must be met. They must have the ability to communicate effectively at all levels of the Contractor's organization.

HSE Officer shall demonstrate competence in the following areas:

- Ability to communicate effectively in written and spoken English & Arabic
- Ability to conduct and report HSE audits;
- Training ability in incident prevention;
- Ability to conduct incident investigations and identify underlying causes;
- Knowledge of health requirements, rules and regulations, and ability to monitor compliance;
- Knowledge of environmental requirements, rules and regulations, and ability to monitor compliance and identify ways of reducing environmental impact;
- Be fully conversant with techniques used in the management of hazards and advising on suitable measures which can be used for preventing and ultimately recovering from accident situations;
- Be able to facilitate and develop Contract HSE Management Plans;
- Be fully conversant with HSE documents and emergency procedures.

Attendance at the following HSE courses or approved equivalent is mandatory for all HSE Advisers:

- Permit to Work
- Road Safety Management
- Vehicle Daily Checks
- Site inspection
- Incident Investigation and Reporting
- Managing HSE Workshop

An HSE Officer holding higher qualifications not currently recognized, might be exempted from some of the above requirements subject to the exemption after conducting a meeting with HSE Dep.

الهدف :

مطلوب من جميع المقاولين توفير شخص مؤهل كضابط أو مستشار الصحة والسلامة والبيئة حسب متطلبات الاحتياطات وقوانين الصحة والسلامة المهنية الصناعية

شروط الكفاءة بالنسبة لضابط أو مستشار الصحة والسلامة والبيئة:

يجب أن يكون على علم ودراية بتقنيات السلامة المطلوبة ذات الصلة، وعلى معرفة بمتطلبات العمل في شروط وقوانين الصحة القانونية والتعاقدية ويجب أن تكون عنده القدرة على التواصل بصورة فعالة على جميع المستويات في المؤسسة المنظمة

موظف الصحة والسلامة يجب إظهار الكفاءة في المجالات التالية :

- القدرة على التواصل بشكل فعال في اللغة الانجليزية والعربية كتابة وتحدثا
- القدرة على عمل التقارير اللازمة ومراجعة تقارير الصحة والسلامة والبيئة
- القدرة على التدريب في كيفية منع الحوادث
- القدرة على إجراء التحقيقات اللازمة للحوادث وتحديد الأسباب الكامنة وراء ذلك
- معرفة الاحتياجات الصحية ، والقواعد والأنظمة ، والقدرة على رصد عملية الامتثال بهذه الأنظمة
- معرفة متطلبات البيئة والقواعد والأنظمة ، والقدرة على رصد عملية الامتثال وتحديد سبل الحد من الآثار السلبية للبيئة
- أن يكون مطلعاً اطلاقاً تاماً مع التقنيات المستخدمة في إدارة المخاطر وتقديم المشورة بشأن التدابير المناسبة التي يمكن استخدامها لمنع حالات الحوادث المماثلة
- أن يكون قادراً على تسهيل وتطوير خطط إدارة عقود الصحة والسلامة
- أن يكون مطلعاً اطلاقاً تاماً وثائق الشركة المتداول معها في مجال الصحة والسلامة وإجراءات الطوارئ
- حضور الدورات التالية في مجال الصحة والسلامة أو ما يعادلها وهو إلزامي لجميع مستشاري الصحة والسلامة :
- تصريح للعمل
- إدارة السلامة على الطرق
- فحص المركبات اليومية
- عمل تفتيش دوري
- التحقيق في جميع الحوادث والإبلاغ عنها
- إدارة ورشة عمل في مجال الصحة والسلامة
- مسئول الصحة والسلامة الحاصل على مؤهلات عليا يعفى من بعض من الشروط المذكورة أعلاه وذلك حسب الإعفاء الذي يقرره اجتماع المسئول مع دائرة الصحة والسلامة.

APPENDIX-B

Application for Registration/Renewal of Contractors to work in the Distribution System Schedule

Grade Applied:

Category of Post: HSE Officer

Name of Company :

Name :

Age :

Passport No :

Copy of passport is to be attached

Visa No (if applicable):

Copy of visa is to be attached

Resident Card No.:

Copy of Labor card is to be attached

Qualification:

above required degree

equivalent to the required degree

below required degree

Qualification Details:

S. No.	Degree	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="radio"/>
					<input type="radio"/>
					<input type="radio"/>
					<input type="radio"/>

Copy of Qualification Certificate/s is to be attached

HSE Courses taken:

S. No.	HSE Course	Accrediting Institute	Year Qualified	HSE Training Cert. Copy is attached
				<input type="radio"/>

Experience:

More than the required

equivalent to the required

below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total No. of years	Attested Experience Cert. Copy is attached
					<input type="radio"/>
					<input type="radio"/>
					<input type="radio"/>

Copy of Qualification Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company

APPENDIX-C

CHECK-LIST FOR HSE COMPLIANCE

NOTE: Check-list can be photocopied as required.

Is the company complying with Ministerial Decision 286/2008 HSE Requirements? Applicable for all grades	Yes (Y) <input type="checkbox"/>	No (N) <input type="checkbox"/>
Comments		
Is the company having HSE documents and basic instruction (HSE plan and policy) applicable for A, B & C	Yes (Y) <input type="checkbox"/>	No (N) <input type="checkbox"/>
Comments		
Is company having qualified HSE Officer? applicable for A, B & C	Yes (Y) <input type="checkbox"/>	No (N) <input type="checkbox"/>
Comments		
Is technical staff is having the required courses of HSE? Applicable for all grades	Yes (Y) <input type="checkbox"/>	No (N) <input type="checkbox"/>
Comments		
Is there is a procedure for Controlling Accidents and Eliminating Hazards to the public? Applicable for all grades	Yes (Y) <input type="checkbox"/>	No (N) <input type="checkbox"/>
Comments		
Is a company having a procedure to deal with Risk Assessment? Applicable for all grades	Yes (Y) <input type="checkbox"/>	No (N) <input type="checkbox"/>
Comments		
Is there Personal Protection Equipment available for all employees working on site? Applicable for all grades	Yes (Y) <input type="checkbox"/>	No (N) <input type="checkbox"/>
Comments		
The permit holders Are qualified for conducting the related work. Applicable for all grades	Yes (Y) <input type="checkbox"/>	No (N) <input type="checkbox"/>
Comments		

APPENDIX-D

**CONTRACTOR APPROVAL WORKING GROUP
RECEIPT NOTE FOR CONTRACTOR
REGISTRATION APPLICATION FILE**

Name of Contractor:

.....

Grade:

Date:

Receiver (CAWG Representative) Name:

.....

Signature

DCRP Stamp

APPENDIX-E

DRAFT LETTER TO CONTRACTORS FOR NON APPROVAL OF APPLICATION FOR REGISTRATION

M/s

P O Box

Sultanate of Oman.

Fax No:

Attn:

After compliments,

Sub: Your Application for Registration as Electrical Contractor under Grade “ ”

With reference to your application for Registration as Electrical Contractor under Grade- please be informed that your application is Not Approved by the Contractor’s Approval Working Group (CAWG) of the Distribution Code Review Panel due to the following:-

1. Eligibility criteria for registration under relevant category is not met.
2. Documentation not in conformity with instructions contained in the Application.
3. Check List signed and stamped by the Contractor is not submitted.
4. Copies of valid registrations with other Ministries and/or Insurances not provided.
5. Lists of Tools & equipment and Safety Equipment not submitted.
6. Proposed Technical Staff do not have the required qualifications.
7. Proposed Technical Staff do not have the required experience in relevant fields.
8. Certificates of Technical Staff are not attested by relevant authorities.
9. Proposed Electricians/Cable Jointers do not have valid Licenses.
10. Copies of valid Resident/National ID Cards of Employees not submitted.
11. Company’s HSE Plan not submitted. Staff do not have HSE Qualification.

You are required to re-submit your application incorporating all details attachments as mentioned above within one (1) month from the date of receipt of this letter.

Please note, failure on your part to comply with the registration requirements and re-submit your application within the time limit stipulated above will result in cancellation of your Application. Under such circumstances, you will be required to obtain a new application form and go through the registration process all over again.

This is for your information and necessary action.

Yours faithfully,

MEMBER OF CONTRACTORS APPROVAL WORKING GROUP

APPENDIX-F

DRAFT LETTER TO CONTRACTORS FOR REJECTING THE CONTRACTOR REGISTRATION APPLICATION

Date

Applicant address

Subject: Your Contractor Registration Application

With reference to your application of contractor registration for grade submitted on I regret to inform you that the application has been rejected due to

Therefore, I would be grateful if you could collect your application file and submit a complete one.

Yours Sincerely

DCRP Signature

APPENDIX-G

CAWG'S RECOMMENDATION TO DCRP

To : THE CHAIRMAN
DISTRIBUTION CODE REVIEW PANEL

After compliments,

**Sub: RECOMMENDATION FOR APPROVAL OF APPLICATION
SUBMITTED TO THE CONTRACTORS' APPROVAL WORKING GROUP**

The Contractor M/s
submitted his application for Registration / Renewal of Registration as Electrical
Contractor under Grade

The Contractor's application was scrutinized by the Contractor's Approval Working
Group (CAWG) member whose evaluation report is attached herewith.

Based on the attached evaluation report and the subsequent discussion held in
CAWG meeting dated, the CAWG hereby
recommends the Contractor M/s
for approval as Electrical Contractor under Grade for a period
of three years starting from Up to

Signed/-

.....
(CHAIRMAN)

.....
(MEMBER)

.....
(MEMBER)

.....
(MEMBER)

APPENDIX-H

CHECK LIST FOR INSPECTION TEAM VISITING CONTRACTOR'S SITE/PREMISES

Note:-

1. The CAWG Inspection Team member should tick (a) in the check box if the answer is "yes" and tick (X) in the check box if the answer is "No". Where check boxes are not provided, the relevant data is to be written by hand.
2. This Check List is meant only for both existing Registered Contractors and for Contractors seeking to upgrade their Registration.

-
-
1. Registration Category
 2. Date of Application (in case of New Registration)
 3. Preliminary Documents Submitted/Eligibility Criteria Met
 4. Location of Premises
 5. Does the Contractor have any confirmed Work Orders in hand?
(if so, please provide details)
 6. Is the Site/Premises accessible by road?
 7. Does the Site/Premises have all infrastructure?
 8. Does the Site/Premises have all basic facilities/Amenities?
(Office/Telephone/Fax/Computer/Printer)
 9. Has the Contractor made separate arrangements for accommodation
of his Tehcnical Staff and Labour?
 10. Are the Contractor's staff provided with food, drinking water and other basic facilities at site?
 11. Has the contractor insured all his employees?
(if so, definite the type of Insurance policies)
 12. Does the Contractor have all the required tools and equipment?
(All tools should be insulated)
 13. Does the Contractor have all the required Safety Equipment?
(All equipment must be ready to use)

- 14. Does the Contractor have all the required Testing Equipment?
(All equipment must be ready to use)
- 15. Has the Contractor achieved the required percentage of Omanization?
- 16. Does the Contractor have a Safety Certificate issued by a Registered Safety Officer?
- 17. Does the Contractor have all Fire Safety Equipment installed at strategic places at site/premises?
- 18. Are all the Fire Extinguishers calibrated and ready for use?
- 19. Contractor's Performance Report from the Employer's/Consultant's Representative at Site
(Indicate whether satisfactory or not satisfactory)

Signature of CAWG Inspection Team Member: Date:

Name of Inspection Team Member:

(For CAWG Office Use Only)

- 1. Check List Completed and signed by the Inspection Team Member
- 2. Report on "Existing" facilities submitted
- 3. Report on "Non-Existing" facilities is submitted
- 4. Report on "Compliance" is submitted
- 5. Report on "Non-Compliance" is submitted
- 6. Report on overall HSE conditions is submitted
- 7. Report on physical presence of qualified & experienced manpower is submitted

Checked and Verified by:
(To be signed by the Chairman of CAWG)

Approved by:
(To be signed by the Chairman of DCRP)

