Application Fee: _	O.R	Application No.:

Application Form For "Grade 1"

for Registration of Electrical Consultants to work in Distribution Systems below 132 KV level

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

Distribution Code Review Panel P.O.Box. 3065 P.C. 111 , CPO Sultanate of Oman Telephone No. 24218800 Fax No. 24218899



CHECK LIST FOR COMPLIANCE WITH REQUIREMENTS CONTAINED IN THE APPLICATION FORM

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

Note:-

- 1. The Consultant 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 Consultants seeking New Registration as well as for Consultants seeking renewal of their Registration.

 Registration Category: Grade-1 ☐ Grade-2 ☐ Date of Application (in case of Renewal of Registration, Indicate separately the date of expiry of previ Registration.) Minimum manpower required for the category of Registration is available ☐ 	
Registration.)	
3. Minimum manpower required for the category of Registration is available □	ence Certifica
	ence Certifica
4. Proposed Technical Staff have the required qualifications and experience (Provide detailed Experience)	
of Key Staff) 5. Consultant has a well-established local office in Sultanate of Oman □	
6. Local Office in Oman has all equipment and facilities to enable the Consultant to provide all services category of registration □	under the
7. Proposed staff of the Consultant are capable of preparing detailed Specification/SOW/Design/Drawin Contract Documents and have thorough knowledge of different contract regimes. ☐ (Proof of expessibilities)	
8. Proposed staff of the Consultant are capable of providing complete supervision up to handing over to the Client □	of the project
9. Degrees/Diplomas of key staff have been attested by the Ministry of Higher Education and Omani En relevant countries □	bassy in the
10. All expatriate employees possess valid resident visa and are in the direct employment of the Consu	tant 🗖
11. Details of outsourced staff □ (Details to be submitted)	
12. Details of local sponsor (in case of International Consultant) are submitted ☐ (provide copies of Reg	n. Certificate
10. Company Profile document is submitted □	
11. Details of IT Capability of the Consultant are submitted □	
12. Details of Quality Certification/Accreditation and HSE Certification are submitted	
 Confirmation that insurance coverage has been obtained for all the proposed employees of the Cons (provide copy of Insurance Policy) 	sultant 🗖
Signature of the Consultant : Date:	
Name of the Consultant :	
Application checked and found to be complete. Recommended for Approval Not Recommended for	Approval □
Signature of DCRP : Date:	
Name :	

مجلـــس مرا جعــة قواعـــد التوزيـــع DISTRIBUTION CODE REVIEW PANEL



Registration Categories:

The system of Consultant's registration within DCRP comprises two grades (Grade-1, and Grade-2). Consultants who hold a higher grade registration will be permitted to undertake works pertaining to lower grades.

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.

SI No	Grade	Eligibility Criteria
1	GRADE-1	A consultant who can provide expert design, tendering, engineering, surveying and supervision services for power projects of all sizes in (< 132 kV) voltage grade and 33/11 KV substations.
2	GRADE-2	A consultant who is limited to provide expert design, tendering & surveying services only for power projects of all sizes in (< 132 kV) voltage grade and 33/11 KV substations.

1. Eligibility

To be eligible to apply for Registration as an Electrical Consultant, a Company shall

- i. Be registered in Oman with Government concerned authority as per the commercial law.
- ii. Implement diligently Omanization requirements as per labor law.
- iii. Attach with its application a copy of the taxation certificate issued by the Secretariat General of Taxation.
- iv. Have an established office with telephone, facsimile and E-mail facilities. Also, company shall have facilities for transporting staff and materials to site. (DCRP will visit the office of the Consultant for inspection prior to granting approval for registration)

مجلـــس مرا جعــة قواعـــد التوزيـــع DISTRIBUTION CODE REVIEW PANEL



2. Staff Requirement

A. Technical Staff

The company shall have the staff mentioned below 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	Category	Min. No.	Min. Qualification	Minimum Experience	Documents Required along with Application
1	Project Manager	1	University Degree in Engineering	10 years	Attested Copy of Degree, Experience Certificate
2	Design - Electrical Engineer	2	University Degree in Electrical Engineering	7 years	Attested Copy of Degree, Experience Certificate
3	Site/Resident Engineer	2	University Degree in Electrical/mechanical/civil Engineering	7 years	Attested Copy of Degree, Experience Certificate
4	Project Engineer	3	University Degree in Electrical Engineering	7 years	Attested Copy of Degree, Experience Certificate
5	Civil Engineer	1	University Degree in Civil Engineering	7 years	Attested Copy of Degree, Experience Certificate
6	Protection Engineer	1	University Degree in Electrical Engineering	7 Years	Protection Engineer License from DCRP, Experience Certificate
7	Automation & Control Engineer	1	University Degree in Electrical Engineering	7 years	Attested copy of the degree, Experience Certificate
8	Quantity Surveyor	1	University Degree in Quantity Surveying	7 Years	Attested Copy of Degree, Experience Certificate
9	CAD OPERATOR	2	Degree/diploma in AutoCAD	3/5 years	Attested Copy of Degree/ Diploma, Experience Certificate

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 or Appostille.
- 3. Employees must have a minimum of 2 years' relevant experience in Oman.
- 4. Original document (Qualification Certificate, Passports, etc.) to be provided after initial approval



B. Staff HSE Requirements:

S. No	Category	Min. No.	Minimum HSE Courses to be taken	Remarks
1	Design - Electrical Engineer	2	HSE Induction, First aid, Electrical Safety Rules & Manage Safety	Courses to be attested from Ministry of Manpower
2	Site/Resident Engineer	2	HSE Induction, First aid, Electrical Safety Rules & Risk Assessment	Courses to be attested from Ministry of Manpower
3	Project Engineer	3	HSE Induction, First aid, Electrical Safety Rules & Manage Safety	Courses to be attested from Ministry of Manpower
4	Civil Engineer	1	HSE Induction, First aid, Electrical Safety Rules & Manage Safety	Courses to be attested from Ministry of Manpower
5	Protection Engineer	1	HSE Induction, First aid, Electrical Safety Rules & Risk Assessment	Courses to be attested from Ministry of Manpower
6	Automation & Control Engineer	1	HSE Induction, First aid, Electrical Safety Rules & Manage Safety	Courses to be attested from Ministry of Manpower
7	Quantity Surveyor	1	HSE Induction, First aid, Electrical Safety Rules & Manage Safety	Courses to be attested from Ministry of Manpower



C. HSE Courses Details:

1	HSE Induction	½ day	
2	First aid	2 day	valid for 2 years
3	Mange Safety	3 day	
4	Risk Assessment	1 day	
5	ESR	2 day	valid for 3 years

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 24 years
- III. Experience for Omanis shall be reduced by 2 years
- IV. All expatriate employees should possess valid Omani resident visa

3. Equipment and Software:

As a minimum, the consultant shall possess all the tools, equipment and types of Software necessary for his Works (the following examples are typical of those presently used by licensees in Oman). A separate list showing other available equipment/software shall be provided:

SI. No	Requirements	Quantity	Remarks and Details
1	Power Systems Analysis Software (examples but not limited to: DigSlent, SINCAI, ETAP etc)	X	
2	STRUCTURAL DESIGN (software)	Χ	
3	Project Management Software (examples include MS PROJECT, PRIMAVERA etc)	X	
4	LEARNING & DEVELOPMENT PROGRAM (Software for Omani Staff)	X	
6	Others (as client requirements)	Χ	

The DCRP may demand an inspection of the Equipment/Software any time during assessment. Local Office of the Consultant shall possess a licensed version of the software listed.



4. Safety Equipment:

The consultant shall have all required safety equipment for their staff. A list of the equipment is to be provided

SI. No.	Description	Qty.
1	Fire Fighting Equipment	Χ
2	First Aid Kits	Χ
3	Other specialized Safety Equipment (provide list)	Х
5	Personal Protection Equipment (Provide List)	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, Taxation Department Certificate and Municipality Authorization.

Technical staff related certificates:

Qualification, Experiences & HSE Certificate

Other related documents mentioned in the application forms.

6. Fees

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

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

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

7. Check List

The Consultants 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 Consultant Registration:

Cancellation of Registration

The Registration granted to a Consultant will be cancelled by the Licensing Authority under the following circumstances:-

- (a) In the event any of details/documents submitted are found to be false during the validity of registration.
- (b) if the Consultant is found to employ outsourced/unauthorized personnel at site without obtaining prior approval from the Client/Employer
- (c) If the Consultant uses the same Technical Staff for multiple projects for Supervision Services
- (d) If the Consultant sub-lets all or a portion of the services awarded to him without obtaining approval from the Client/Employer

Renewal

The consultant shall apply for renewal of his registration 4 months before the expiry date and the fees for renewal of registration will be same as mentioned in Clause 6.

Replacement

In case any staff listed in the application is replaced, the consultant shall promptly inform the same to the Secretary, Distribution Code Review Panel. CV and testimonials of the newly appointed staff shall be submitted for DCRP approval.

Procedure for filling-up of Application

- 1. The Consultant 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 equipment and Tools will be checked physically.

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

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

Type of Application: [] New Registration [] Renewal [] Upgrade
Grade Applied for: "Grade 1"
Existing Registration No. (If applicable):Grade: Date of Expiry:
(In the case of Renewal/Upgrade - 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/Partners :
Commercial Registration Certificate Information:
Registration No: 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.: Copy of Workmen Compensation Document is to be attached
Omanization Details:
Required Omanization Percentage: Output Covered Omanization Percentage: Output Copy of Omanization Certificate from Ministry of Man Power is attached Output 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:

		C	ategory o	of Post: Pro	ject Manager	
Name of C Name Age	ompany: : :					
Passport Copy of	No: passport is to	o be attache	d		Date of Expi	ry:
	Visa No (if applicable): O Copy of visa is to be attached Date of Expiry:					ry:
	Resident Card No.: O Copy of Labor card is to be attached Date of Expiry:					ry:
above respectively	Qualification: output above required degree output equired degree below required degree					
Qualificat	ion Details:					
S. No.	Certificate	Specializa	ITION	cctediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
Copy of	Qualification	Certificate/	s is to be a	ttached		
Electrician License: Valid Expired Not Exist Copy of Electrician License is to be attached						
Experience: o more than the required o equivalent to the required o below the required						
Experience	e Details:					
S. No.	Name of (Company	Country	Position He	d Total of years	Attested Experience Cert. Copy is attached

Seal of the company

Designation:

Date:

Signature of Authorized Person:

O Copy of Qualification Certificate/s is to be attached

مجلـــس مرا جعــة قواعـــد التوزيـــع **DISTRIBUTION CODE REVIEW PANEL** DCRP

Distribution Code Review Panel Application for Registration/Renewal of Consultants to work in the Distribution System **Grade Applied:**

Category of	Post: Design - Electrical Engineer 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	Acctediting 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 atta 	ched		
Experience: o more than the required o equivalent to the required o below the required			
Experience Details:			
S. No. Name of Company Cou	ntry Position Held Total of years Attested Experience Cert. Copy is attached		
O Copy of Qualification Certificate/s is to	be attached		
Signature of Authorized Person: Designation:	Date:		

مجلـــس مرا جعــة قواعـــد التوزيـــع DISTRIBUTION CODE REVIEW PANEL



Distribution Code Review Panel Application for Registration/Renewal of Consultants to work in the Distribution System Grade Applied:

Category of	Post: Design - Electrical Engineer 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.: O 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	Acctediting Institute Year Qualified Attested Qualification Cert. Copy is attached
 Copy of Qualification Certificate/s is to be Electrician License: Valid Expired Not Exist Copy of Electrician License is to be attack 	
Experience: o more than the required o equivalent to the required o below the required	
Experience Details:	
S. No. Name of Company Coun	try Position Held Total of years Attested Experience Cert. Copy is attached
 Copy of Qualification Certificate/s is to b 	pe attached
Signature of Authorized Person:	
Designation:	Date:



Category of Post: Site/Resident Engineer 1

Name of Co Name Age	ompany: : :					
Passport O Copy of		be attached			Date of Expi	ry:
	if applicab visa is to be			ı	Date of Expi	ry:
	Card No.: Labor card is	to be attached		I	Date of Expi	ry:
equivale	i on: equired degre nt to the requ equired degre	uired degree				
Qualificati	on Details:					
S. No.	Certificate	Specialization	Acctedi Institu	- Y	ear Qualified	Attested Qualification Cert. Copy is attached
	O lite it					
		Certificate/s is	to be attache	d		
ElectricianValidExpiredNot ExistCopy of		ense is to be at	tached			
	in the require nt to the requ					
Experience	Details:					
S. No.	Name of C	Company Co	ountry Posi	tion Held	Total of years	Attested Experience Cert. Copy is attached
O Copy of C	Qualification	Certificate/s is t	o be attached	d.		
Signature of Designation	of Authorize n:	d Person:				Date:
Coul of the						

Categ	jory of Post: Site/R	Resident Engine	er 2
Name of Company: Name : Age :			
Passport No: Copy of passport is to be attached	I	Date of Expi	ry:
Visa No (if applicable): Copy of visa is to be attached		Date of Expi	ry:
Resident Card No.: Copy of Labor card is to be attached.	ed	Date of Expi	ry:
Qualification:above required degreeequivalent to the required degreebelow required degree			
Qualification Details:			
S. No. Certificate Specializat	ion Acctediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
O Copy of Qualification Certificate/s	is to be attached		
Electrician License: Valid Expired Not Exist Copy of Electrician License 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 H	leld Total of years	Attested Experience Cert. Copy is attached

Site/Resident Engineer 2

Designation:

Date:

Signature of Authorized Person:

O Copy of Qualification Certificate/s is to be attached

	e Applied: ry of Post: Project Engineer 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 degreeequivalent to the required degreebelow required degree	
Qualification Details:	
S. No. Certificate Specialization	Acctediting Institute Year Qualified Attested Qualification Cert. Copy is attached
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Experience Details:	
S. No. Name of Company Coun	try Position Held Total of years Attested Experience Cert. Copy is attached
 Copy of Qualification Certificate/s is to b 	e attached
Signature of Authorized Person: Designation:	Date:

Category o	f Post: Project Engineer 2	
Name of Company: Name : Age :		
Passport No: Copy of passport is to be attached	Date of Expi	ry:
Visa No (if applicable): Copy of visa is to be attached	Date of Expir	'y:
Resident Card No.: Copy of Labor card is to be attached	Date of Expir	y:
Qualification:above required degreeequivalent to the required degreebelow required degree		
Qualification Details:		
5. No. Certificate Specialization	ctediting Year Qualified	Attested Qualification Cert. Copy is attached
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 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 att 	ached	
Signature of Authorized Person: Designation:		Date:



	y of Post: Pro	ject Engineer 3	,			
Name of Company: Name : Age :						
Passport No: Copy of passport is to be attached		Date of Expi	ry:			
Visa No (if applicable): ○ Copy of visa is to be attached		Date of Expi	ry:			
Resident Card No.: Copy of Labor card is to be attached		Date of Expir	ry:			
 Qualification: above required degree equivalent to the required degree below required degree 						
Qualification Details:						
S. No. Certificate Specialization	Acctediting 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 requiredExperience Details:						
S. No. Name of Company Count	ry Position He	eld Total of years	Attested Experience Cert. Copy is attached			
Copy of Qualification Certificate/s is to be	e attached					
Signature of Authorized Person: Designation:			Date:			

مجلــس مرا جعــة قواعـــد التوزيـــع DISTRIBUTION CODE REVIEW PANEL



Distribution Code Review Panel Application for Registration/Renewal of Consultants to work in the Distribution System Grade Applied:

	Grade Applied:					
Category of Post: Civil 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. Certificate Specialization	Acctediting 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 attack						
Experience: o more than the required o equivalent to the required o below the required						
Experience Details:						
S. No. Name of Company Coun	ntry Position Held Total of years Attested Experience Cert. Copy is attached					
Copy of Qualification Certificate/s is to be	pe attached					
Signature of Authorized Person:	Date:					

مجلـــس مرا جعــة قواعـــد التوزيـــع **DISTRIBUTION CODE REVIEW PANEL DCRP**

Distribution Code Review Panel Application for Registration/Renewal of Consultants to work in the Distribution System **Grade Applied:**

Category of Post: Protection 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. Certificate Specialization	Acctediting Year Qualified Attested Qualification Cert. Copy is attached
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S. No. Name of Company Cour	ntry Position Held Total of years Attested Experience Cert. Copy is attached
Convert Qualification Contificate /s is to	h o attenda ad
 Copy of Qualification Certificate/s is to I 	be attached
Signature of Authorized Person: Designation:	Date:

		Ca	tegory of	Post: Autor	nation & Cont	trol Engineer
Name of Co Name Age	ompany: : :					
Passport I Copy of	No : passport is to	be attache	d		Date of Expi	ry:
Visa No (i Copy of	f applicab visa is to be				Date of Expi	ry:
Resident (Copy of I	Card No.: Labor card is	to be attach	ned		Date of Expi	ry:
equivaler	on: quired degre nt to the requ quired degre	uired degree	,			
Qualification	on Details:					
S. No.	Certificate	Specializa	TION	ctediting nstitute	Year Qualified	Attested Qualification Cert. Copy is attached
Copy of (ElectricianValid		Certificate/s	s is to be at	tached		
ExpiredNot ExistCopy of E	ilectrician Lic	ense is to be	e attached			
Experience o more tha o equivaler o below the	n the requirent to the requ					
Experience	Details:					
S. No.	Name of (Company	Country	Position Held	d Total of years	Attested Experience Cert. Copy is attached

Automation & Control Engineer

Designation:

Date:

Signature of Authorized Person:

O Copy of Qualification Certificate/s is to be attached

Category of Post: Quantity Surveyor						
Name of C Name Age	Company: : :					
Passport Copy of	No: f passport is to	o be attache	d		Date of Expi	ry:
	(if applicab f visa is to be				Date of Expir	ry:
	Card No.: Labor card is	to be attach	ned		Date of Expir	ry:
above requivale	Qualification: o above required degree o equivalent to the required degree below required degree					
Qualificat	tion Details:					
S. No.	Certificate	Specializa	TION	ctediting nstitute	Year Qualified	Attested Qualification Ce Copy is attached
Copy of Electrician Valid Expired Not Exis Copy of Experienc more the equivale below the	Qualification License: t Electrician License: an the required an the required	Certificate/stense is to be	s is to be at	nstitute	Year Qualified	
Copy of Electrician Valid Expired Not Exis Copy of Experienc more the equivale below th	Qualification License: t Electrician License: an the required the required e Details:	Certificate/seense is to be	s is to be at	tached		Copy is attached
 Copy of Electrician Valid Expired Not Exis Copy of Experienc more the equivale below the 	Qualification License: t Electrician License: an the required an the required	Certificate/seense is to be	s is to be at	tached	Year Qualified d Total of years	

DISTRIBUTION CODE REVIEW PANEL

Distribution Code Review Panel Application for Registration/Renewal of Consultants to work in the Distribution System Grade Applied:

Category	of Post: Cad	Operator 1	
Name of Company: Name : Age :			
Passport No: Copy of passport is to be attached		Date of Expi	ry:
Visa No (if applicable): Copy of visa is to be attached		Date of Expir	ry:
Resident Card No.: O Copy of Labor card is to be attached		Date of Expir	ry:
Qualification:above required degreeequivalent to the required degreebelow required degree			
Qualification Details:			
S. No. Certificate Specialization	Acctediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
 Copy of Qualification Certificate/s is to be 	e attached		
Electrician License: Valid Expired Not Exist Copy of Electrician License is to be attach	ed		
Experience: o more than the required o equivalent to the required o below the required			
Experience Details:			
S. No. Name of Company Country	ry Position Hel	d Total of years	Attested Experience Cert. Copy is attached
O Copy of Qualification Certificate/s is to be	attached		
Signature of Authorized Person: Designation:			Date:

مجلــس مراجعــة قواعـــد التوزيـــع DISTRIBUTION CODE REVIEW PANEL DCRP

Distribution Code Review Panel Application for Registration/Renewal of Consultants to work in the Distribution System Grade Applied:

	y of Post: Cad	Operator 2	
Name of Company: Name : Age :			
Passport No: Copy of passport is to be attached		Date of Expi	ry:
Visa No (if applicable): ○ Copy of visa is to be attached		Date of Expi	ry:
Resident Card No.: Copy of Labor card is to be attached		Date of Expi	ry:
Qualification: above required degreeequivalent to the required degreebelow required degree			
Qualification Details:			
S. No. Certificate Specialization	Acctediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
 Copy of Qualification Certificate/s is to be 	oe attached		
Electrician License: Valid Expired Not Exist Copy of Electrician License is to be attack	hed		
Experience: o more than the required equivalent to the required below the required			
Experience Details:			
S. No. Name of Company Coun	try Position He	eld Total of years	Attested Experience Cert. Copy is attached
 Copy of Qualification Certificate/s is to b 	e attached		
Signature of Authorized Person: Designation:			Date:



Acknowledgment of Responsibility

By signing this document, I hereby confirm the followings:

- That I the undersigned do not undertake any electrical contracting works either directly or in partnership with others.
- That I the undersigned is responsible for all works/services 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 equipment 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:



Affirmation

We M/s					
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 Consultant and we take full responsibility for the truth of above information.					
We also confirm that we do not undertake any contracting activity either directly or in partnership with others,					
Date:					
Authorized Signatory:					
Signature:					