

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.

### 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 : \_\_\_\_\_

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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	B	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
		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 Jointer	1	Secondary School with Cable Jointer Certificate (issued by Raychem / Sigmaform)	5 years	Copy of Secondary Certificate and Cable Jointer 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:

Sl. 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:

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**

Schedule 1



**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 :**

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**

Schedule 2

**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**

Schedule 3

**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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					<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
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					<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**

Schedule 4

**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 :**

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"/>

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
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					<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 6**  
**Grade Applied: B**  
**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 7**  
**Grade Applied: B**  
**Category of Post: Lineman-2**

Schedule 7

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 :**

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**

Schedule 8

**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**

Schedule 9



**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 :**

- 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.	Certificate	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

**Electrician License:**

- o Valid
- o Expired
- o Not Exist
- o 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 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**

Schedule 10

**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 :**

- 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.	Certificate	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

**Electrician License:**

- o Valid
- o Expired
- o Not Exist
- o 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 Held	Total 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**

Schedule 11

**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 Jointer-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 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.	Certificate	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

**Cable Jointer License:**

- o Valid
- o Expired
- o Not Exist
- o Copy of valid Cable Jointer's Certificate 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 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 13**  
**Grade Applied: "B"**  
**Category of Post: Draughtsman/Surveyor-1**

Schedule 13

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 :**

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**

Schedule 14

**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 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 :**

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 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**

Schedule 15

**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:**