

Electrical Contractor Competency Certificate Termination Request

1- Company / Establishment Information		
Company / Establishment Name:		
Address:	Office Tel. No: E-mail : Website Address:	Mobile No:
2- Electrical Contractor Competency Certificate Number:		
3- Competency Certificate Category: ☐ First ☐ Second ☐ Third ☐ Fourth ☐ Fifth		
4- Competency Certificate Issue Date:		
5- Competency Certificate Expiry Date:		
6- The reason for the requests:		
7- I acknowledge that this request does not affect or harm the interests of the project owners or stakeholders. I take full responsibility for this request without any responsibility for the Approving Committee / TAQA Distribution		
8- Applicant Authorised Signature and Stamp:		Date : / /

For Official Use:			
Contractor's Competency certificate Termination Request is rejected due to the following Reasons:			
1-			
2-			
3-			
☐ Contractor's Electrical Contractor Competency Certificate Termination Request is accepted.			
Approving Committee Members Signature :			
Approving Committee Coordinator Signature:			
Approving Committee Head Approval & Signature :			
Date :			

Note: This request must be submitted at least sixty days before the Competency Certificate expiry.