



400 Sheldon Dr, Unit 1  
 Cambridge, ON N1T 2H9  
 Phone: 1-877-ESA-SAFE (372-7233)  
[www.esasafe.com](http://www.esasafe.com) Email: esa.licensing@electricalsafety.on.ca

<b>Office Use</b> Date Received: Date Completed: By:
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**IMPORTANT: Please PRINT or TYPE all information**

## Linking your Electrical Contractors Licence to Multiple ESA Accounts

In the event that your business has multiple ESA accounts for the **same business** (owned & operated under the same name, in different locations), please fill out this form to link your accounts to your Electrical Contractor Licence.

In order for ESA to link these accounts, you must provide satisfactory proof that the accounts identified in fact belong to the same business as the Licence was issued. You may also identify other existing ESA accounts that should be closed.

Please be aware that the Director may refuse/revoke a licence if the applicant has knowingly informed ESA of accounts that do not truly belong to the same business that was originally licensed. You may also be held liable if you knowingly link ESA accounts that are not owned/operated by the same business.

**Please complete this form and fax or email it with required documentation to 1-888-251-7377 or  
 esa.licensing@electricalsafety.on.ca.  
 It will take approximately 10 working days to complete the process.**

### Part A: Electrical Contractor Licence Information:

Type:  Electrical Contractor Licence     Provisional Electrical Contractor Licence

Electrical Contractor Licence #: \_\_\_\_\_ ESA Account # \_\_\_\_\_

Legal Company Name: \_\_\_\_\_

Operating Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

(Street) (City) (Province) (Postal Code)

### Part B: Applicant Information:

Name: (person making request)	Phone Number:
Position with Company:	Fax Number:

### Part C: ESA Accounts to be LINKED to the Electrical Contractor Licence: (if applicable) (attach separate sheet if additional room required)

ESA Account # _____	Name of Company: _____
Company Address: _____	
(Street)	(City) (Province) (Postal Code)
ESA Account # _____	Name of Company: _____
Company Address: _____	
(Street)	(City) (Province) (Postal Code)
ESA Account # _____	Name of Company: _____
Company Address: _____	
(Street)	(City) (Province) (Postal Code)

**Part D: ESA Accounts to be CLOSED: (if applicable) (attach separate sheet if additional room required)**

ESA Account # \_\_\_\_\_ Name of Company: \_\_\_\_\_

Company Address: \_\_\_\_\_  
 \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Province) \_\_\_\_\_ (Postal Code)

ESA Account # \_\_\_\_\_ Name of Company: \_\_\_\_\_

Company Address: \_\_\_\_\_  
 \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Province) \_\_\_\_\_ (Postal Code)

ESA Account # \_\_\_\_\_ Name of Company: \_\_\_\_\_

Company Address: \_\_\_\_\_  
 \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Province) \_\_\_\_\_ (Postal Code)

**Part E: NOTICE AND CONSENT**

**NOTE: PLEASE ENSURE THAT YOU HAVE READ THIS SECTION IN FULL BEFORE SIGNING BELOW.**

I consent that the ESA accounts specified in this document are in fact offices/branches of the licensed business and I understand that if any of this information changes, I will advise ESA within 5 working days.

**Warning – It is an offence to knowingly provide false information on this application and any attachments.**

**This form must be signed by at least one of the Owners, Partners, Officers, or Directors of the Business that was included on the original Licence application form.**

Signature:	Signature:	Signature:
Print Full Name:	Print Full Name:	Print Full Name:
Title:	Title:	Title:
Date:	Date:	Date:

**Return form to:**

ECRA of the ESA  
 400 Sheldon Dr, Unit 1  
 Cambridge, ON N1T 2H9

**Or Fax: 1-888-251-7377**