

COES APPLICATION FORM

Note: See page 2 for guidance on completing this form

APPLICANT DETAILS

First Name	MUHAMMAD WAQAS	Surname	ZAFAR
Business Name (if applicable)			
Phone No.	0456089056	Email ¹	WAQASZAFAR99@GMAIL.COM
Applicant Address details ¹			
Lot No.	7623	Unit No.	
Street name	FLETCHER ROAD		
Suburb /Town	CRAIGIEBURN	State	VIC
		Postcode	3064
Applicant's relationship to property:	Customer of LEW/REC: <input type="checkbox"/>	Occupant / tenant:	<input type="checkbox"/>
Acronyms LEW = Licensed Electrical Worker REC = Registered Electrical Contractor	Owner of property: <input checked="" type="checkbox"/>	Authorised agent:	<input type="checkbox"/>

¹Search results will be emailed to the above email address or posted to the Applicant street address if no email address is provided.

SEARCH PROPERTY ADDRESS OR TICK IF SEARCH ADDRESS IS AS ABOVE ☒

Lot No.	Unit No.	Street No.
Street name		
Suburb /Town	State	Postcode

ADDITIONAL INFORMATION (IF KNOWN)

Certificate of Electrical Safety (COES) number ²	P1 0048 0406 9
Date electrical installation work completed (or estimate if unsure)	05-2021
LEW Name	LEW licence No.
REC Business Name	REC registration No.
LEW/REC Phone No./Email address	
LEW/REC Address	

DECLARATION OF INTERESTED PERSON

I declare that I am the customer of the electrical contractor that completed the work covered by this COES, the owner or occupant of the property, or an authorised agent acting on their behalf. **I have attached evidence of this³.**

The information that I have provided is true and correct and may be made available to ESV employees, including personal details such as name, addresses and phone numbers for the purpose of processing this application. I am aware that providing false or misleading information is an offence under Section 148 of the *Electricity Safety Act 1998* and doing so may result in a substantial fine.

Signature		Date	18/12/2023
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DRIVER LICENCE
VICTORIA AUSTRALIA

MUHAMMAD W
ZAFAR

LICENCE NO.
004802176

19 FLETCHER RD
CRAIGIEBURN VIC 3064

LICENCE EXPIRY
01-02-2026

DATE OF BIRTH
06-01-1980

LICENCE TYPE
CAR

CONDITIONS
S

W. Zafar

06011980

 vicroads

CONDITIONS CARRY LICENCE WHEN DRIVING CARD NO. P9831628
S Corres to be worn while driving

01-80

PLACARD 10223/52192

01-02-2026

DATE OF BIRTH
08-01-1980

LICENCE EXPIRY
01-02-2026

VicRoads must be notified of your CHANGE OF ADDRESS by visiting www.vicroads.vic.gov.au
or telephoning 131171 or writing to PO Box 777 Carlton Sth 3053

AFFIX CHANGE OF ADDRESS LABEL HERE
AT LAW POSSESSION OF A CURRENT DRIVER LICENCE
IS WHOLLY THE RESPONSIBILITY OF THE DRIVER

