

Government of the Republic of Trinidad and Tobago

Ministry of Public Utilities

REGISTRATION FORM FOR

One Alexandra Place, #1 Alexandra Street, St. Clair, Trinidad W.I. • Tel: (868) 628-9500 • Fax: (868) 628-0105 • website: www.mpu.gov.tt







RESIDENTIAL ELECTRIFICATION ASSISTANCE PROGRAMME

APPLICANT FIRST NAME SURNAME. FULL ADDRESS: COMPANY NAME. COMPANY MAILING ADDRESS: (if different from above) COMPANY MAILING ADDRESS: (if different from above) COMPANY REGISTRATION no. (if any): Itel. no.: Mobile no.: Fax no.: Type of Business: Itype of Business: Itype of Business: Itype of Business: Individual/Sole Trader Firm/Partnership Fax no.: Date Company/Business was established: O. Are you the holder of a valid Wireman's License? YES NO 1. If YES, Please indicate: License no.: Susue Date: Expiry Date: Expiry Date: Rame of Authorised Person Position held I.D. / DP no. Tel./Mobile no. 1. Please indicate preferred geographical area or areas: North South East Noth Contractors must be in possession of adequate funding for project completion at the commencement of the contract. Are you financially capable of completing house wiring jobs before payment? YES NO 7. Please state the Amount of capital available for contract implementation: \$ I hereby declare that the information provided, is to the best of my knowledge true and complete at this date. Signature of Company Owner/Authorised Person/Contractor		THE PROVIS	ION OF HOUSEWII	RING SERVICES	
. COMPANY NAME:	. APPLIC	CANT FIRST NAME:		SURNAME:	
. COMPANY MAILING ADDRESS: (If different from obove) COMPANY REGISTRATION no. :					
COMPANY REGISTRATION no. :					
VAT REGISTRATION no. (if any):		rent from above)			
Email address:					
. Type of Business:	. Tel. no). :	Mobile no. :	Fax no. :	
(Please tick appropriate box) Date Company/Business was established:	. Email	address:			
O. Are you the holder of a valid Wireman's License? YES NO 1. If YES, Please indicate: License no.:			ndividual/Sole Trader	Firm/Part	nership
1. If YES, Please indicate: License no.:	. Date (Company/Business was estal	olished:		
South Sout	0. Are yo	ou the holder of a valid Wir	eman's License?	YES NO	
2. Particulars of Person(s) Authorised to conduct business on behalf of the company/business: Name of Authorised Person Position held I.D. / DP no. Tel./Mobile no.	1. If YES,	Please indicate:			
Name of Authorised Person Position held I.D. / DP no. Tel./Mobile no. 3. Have you provided house wiring services for the last 24th months? YES NO 4. Please indicate preferred geographical area or areas: North South East West Tobago All Areas 5. Number of employees: 6. Contractors must be in possession of adequate funding for project completion at the commencement of the contract. Are you financially capable of completing house wiring jobs before payment? YES NO 7. Please state the Amount of capital available for contract implementation: \$	License	e no. :	Issue Date:	Expiry Da	te:
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7. Please state the Amount of capital available for contract implementation: \$		-	-		commencement of the
I hereby declare that the information provided, is to the best of my knowledge true and complete at this date.	L	YES NO			
	7. Please	state the Amount of capital	available for contract impler	mentation: \$	
	I here	eby declare that the informati	ion provided, is to the best of	my knowledge true and co	mplete at this date.
Signature of Company Owner/Authorised Person/Contractor Date					





MINISTRY OF PUBLIC UTILITIES RESIDENTIAL ELECTRIFICATION ASSISTANCE PROGRAMME (REAP)

Contractor Registration Form

PROVISION OF HOUSEWIRING SERVICES

Completed registration forms must be enclosed in an envelope clearly marked 'Registration for Service Providers to Provide House wiring Services' and addressed to:

The Permanent Secretary
Attention: Project Manager
Ministry of Public Utilities

One Alexandra Place, 1 Alexandra Street, St. Clair, NEWTOWN, 190129, Trinidad and Tobago.

FOR QUERIES: 628-9500 EXT. 4301

FOR OFFICIAL USE ONLY:

REAP Contractor Number:

MINISTRY OF PUBLIC UTILITIES RESIDENTIAL ELECTRIFICATION ASSISTANCE PROGRAMME (REAP) REGISTRATION FORM FOR THE PROVISION OF HOUSEWIRING SERVICES

GUIDELINES AND GENERAL CONDITIONS OF REGISTRATION

- a). Please ensure that the information provided on the contractor registration form is complete, legible and in ink.
- b). Only the original application with original signatures will be accepted.
- c). Any alterations made to the registration should be initialled. The use of correction fluid is not permitted.
- d). All fields should be completed, where a field is found to not be applicable kindly indicate "N/A".
- e). All relevant documents must be attached to the registration form and applicants will be required to visit the Ministry of Public Utilities (MPU) with their original documents so that the photocopy submitted can be verified. The failure to do so will result in the discontinuation of the registration process.
- f). Valid identification and contact information should be provided of the person(s) authorized to conduct business on behalf of the company.
- g). Valid identification and contact information should be provided for the person(s) responsible for project implementation. This person interacts directly with the customer and executes installation.
- h). The failure of applicants to submit and/or complete the minimum requirements on the contractor registration form will result in the application not being processed.
- i). The Ministry of Public Utilities reserves the right to verify any information contained on the contractor registration form through its internal vetting process. Any discrepancies found during this process may result in the applicant being unsuccessful in the registration process.
- J). Applicants should notify the MPU immediately of any changes to their registration details as the MPU will not be held liable for the failure of an applicant to ensure that information provided through the registration process is updated in a timely manner.
- k). Registered contractors will be contacted by the MPU for the sourcing of quotations. As such, applicants should ensure that correct contact details are included on the registration form and that any changes to their contact information are immediately communicated to the MPU.
- I). The performance of contractors within the MPU's registered pool of contractors will be monitored and contractors de-registered if the required service levels are not met.
- m). The inclusion of a registered contractor within the MPU's pool of contractors does not guarantee the applicant any business opportunity from the MPU.
- n). All registered companies/business entities should have a bank account in the company's name.

NOTE: Applicants are advised to register on the Depository established by the Office of Procurement Regulation (OPR) since only OPR registered Contractors would be used for REAP after the Public Procurement Act is fully proclaimed