



ELECTRICAL INSPECTORATE UNIT (EIU)
MINISTRY OF UTILITY AND TELECOMMUNICATION, SARAWAK

APPLICATION FOR REGISTRATION OF ELECTRIC VEHICLE CHARGING SYSTEM (EVCS)

Application No.: _____ **Date Received:** _____

A. TYPE OF APPLICATION

Please tick (✓) where applicable:

- ☐ New EVCS Registration
☐ Addition / Expansion of Existing EVCS
☐ Modification / Replacement of Existing EVCS
☐ Change of EVCS Operator / Owner
☐ Other: _____

Existing Registration No. (if applicable): _____

B. APPLICANT / EVCS OWNER DETAILS

1. Name of Applicant / Company : _____
2. Company Registration No. / NRIC No. : _____
3. Registered Address : _____
4. Contact Person : _____
5. Designation : _____
6. Telephone (H/P) No. : _____
7. Email : _____



C. EVCS INSTALLATION / SITE DETAILS

1. Name of Premise / EVCS Station :

:

2. Installation Address :

:

3. GPS Coordinates (if available) :

:

4. Type of Premise:

- ☐ Residential
- ☐ Commercial
- ☐ Industrial
- ☐ Public Facility
- ☐ Highway / Rest Area
- ☐ Other: _____

5. EVCS Accessibility:

- ☐ Public
- ☐ Private / Restricted Access

6. Number of EVSE Units : _____

7. Number of EV Parking Bays: _____

D. ELECTRICITY SUPPLY DETAILS

1. Supply Voltage:

- ☐ 240 V
- ☐ 415 V
- ☐ 11 kV
- ☐ Other: _____

2. Source of Electricity Supply:

- ☐ Sarawak Energy Supply
- ☐ Dedicated Supply for EVCS (from building/premise)
- ☐ Solar PV / Battery Energy Storage System (BESS)
- ☐ Other: _____



E. EVCS TECHNICAL PARTICULARS

Complete the following for each type/model of charger installed.

Item	UNIT 1	UNIT 2	UNIT 3
Manufacturer / Brand			
Model			
Serial No.			
Charger Type	AC / DC	AC / DC	AC / DC
Rated Power (kW)			
Rated Voltage (V)			
Rated Current (A)			
No. of Charging Points / Connectors			
Connector Type (Type 2 / CCS2 / CHAdeMO)			
Charging Mode (Mode 2/3/4)			
Indoor / Outdoor			
IP Rating			
Date Installed			
Date Commissioned			

Attach additional sheet where more than three (3) EVCS units/models are installed.



F. SAFETY AND PROTECTION

Please tick (✓) where applicable:

- ☐ Overcurrent protection provided
- ☐ Residual current protection provided
- ☐ Surge protection provided
- ☐ Earthing system provided and tested
- ☐ Emergency isolation / emergency stop provided, where applicable
- ☐ Mechanical protection against vehicle impact provided, where applicable
- ☐ Appropriate warning and safety signage displayed
- ☐ EVCS installation is adequately protected against environmental conditions
- ☐ Testing and commissioning completed
- ☐ EVCS complies with applicable technical and safety requirements

Measured Earth Resistance: _____ Ω

G. ELECTRICAL CONTRACTOR / COMPETENT PERSON

1. Name of Electrical Contractor : _____
2. EIC Registration No. : _____
3. Name of Competent Person : _____
4. Certificate of Competency No.: : _____
5. Category of Competency : _____
6. Telephone No.(H/P) : _____

I hereby certify that the electrical installation associated with the EVCS has been installed, inspected, tested and commissioned in accordance with the applicable legal, technical and safety requirements.

Signature of Competent Person : _____

Date : _____

Official Stamp :



H. SUPPORTING DOCUMENTS

Please tick (✓) the documents submitted with this application:

List of Document	Status (✓/X)
1. Form A (in future)	
2. Form B	
3. Form G	
4. Copy of Statutory Documents for Company Registration	
5. Floor plan	
6. Electrical Single-Line Diagram (SLD)	
7. Consent Letter for Installation (Building Owner or Local Authority)	
8. Rental, Collaboration or Service Agreement (if any)	
9. Certificate of Approval / Release Letter / Import Permit	
10. Photographs of completed EVCS installation	



I. DECLARATION BY APPLICANT

I/We hereby declare that:

1. The information provided in this application and the accompanying documents is true and correct;
2. The EVCS has been installed in accordance with the applicable guidelines, technical and safety requirements;
3. The installation has been inspected, tested and commissioned by the relevant competent person;
4. MUT shall be informed of any material modification, relocation, change of ownership/operator, or cessation of operation of the registered EVCS; and
5. I/We shall permit MUT or its authorised officers to inspect the EVCS installation where required.

Name: _____

Designation: _____

Signature: _____

Date: _____

Company Stamp:



FOR MUT OFFICIAL USE ONLY

J. APPLICATION REVIEW

Application No.: _____

Date Received: _____

Application:

- ☐ Complete
☐ Incomplete – Additional information required

Technical Review:

- ☐ Satisfactory
☐ Further clarification required
☐ Site inspection required

Site Inspection Date (if applicable): _____

Remarks:

K. DECISION

- ☐ Approved for Registration
☐ Approved with Conditions
☐ Further Information / Rectification Required
☐ Rejected

EVCS Registration No.: _____

Conditions / Remarks:

Checked by:

Name: _____

Designation: _____

Signature: _____

Date: _____

Approved by:

Name: _____

Designation: _____

Signature: _____

Date: _____



Additional Notes: