

INSTALLATION ADDRESS

Serial No: _____
Property Name _____
Floor _____
Unit _____
Street Number _____
&/or Lot/RMB _____
Street Name _____
Nearest Cross Street _____
Suburb _____
State _____
Post Code _____
Pit/Pillar /Pole No. vvv _____
NMI _____
Meter No. _____
AEMO Metering Provider I.D. _____

CUSTOMER DETAILS

Please tick if Customer Address details same as installation details

First Name _____
Last Name _____
Company Name _____
Floor _____
Unit _____
Street Number _____
&/or Lot/RMB _____
Street Name _____
Nearest Cross Street _____
Suburb _____
State _____
Post Code _____
Floor _____
Unit _____
Street Number _____
&/or Lot/RMB _____
Street Name _____
Nearest Cross Street _____
Suburb _____
State _____
Post Code _____
Email _____
Office No. _____
Mobile No. _____

INSTALLATION DETAILS

Type of Installation _____
Work carried out _____
Non-Compliance No. _____
Special Conditions _____

DETAILS OF EQUIPMENT

Estimated increase in load A/ph _____
Is increased load within capacity of installation/service
mains? _____
Is work connected to supply? (pending DSNP Inspection)

INSTALLERS LICENSE DETAILS

First Name _____
Last Name _____
Floor _____
Unit _____
Street Number _____
&/or Lot/RMB _____
Street Name _____
Nearest Cross Street _____
Suburb _____
State _____
Post Code _____
Email _____
Office No. _____
Mobile No. _____
Qualified Supervisors No. _____
Expiry Date _____
Or
Contractor's License No. _____
Expiry Date _____

TEST REPORT

In respect to the test carried out by me on the above mentioned installation, I certify that:

1. I have carried out the test below and that the installation has passed the following requirements: _____
2. I confirm that I have visually checked that the installation described in this Certificate complies with the relevant Acts, Regulations, Codes and Standards;
3. The test was completed on _____

TESTERS LICENSE DETAILS

Please tick if Testers Lic. details same as Installers Lic.

details _____
First Name _____
Last Name _____
Floor _____
Unit _____
Street Number _____
&/or Lot/RMB _____
Street Name _____
Nearest Cross Street _____
Suburb _____
State _____
Post Code _____
Email _____
Office No. _____



Certificate of Compliance NSW

No.:
Date: 20/09/2024

Mobile No. _____
 Qualified Supervisors No. _____
 Expiry Date _____
 Contractor's License No. _____
 Expiry Date _____
 First Name _____
 Last Name _____
 Floor _____
 Unit _____
 Street Number _____
 &/or Lot/RMB _____
 Street Name _____
 Nearest Cross Street _____
 Suburb _____
 State _____
 Post Code _____
 Email _____
 Office No. _____
 Mobile No. _____
 Qualified Supervisors No. _____
 Expiry Date _____
 Contractor's License No. _____
 Expiry Date _____
 In my capacity as the Tester, I certify that the electrical work carried out on the above mentioned property was completed by the nominated electrician

SUBMIT CCEW

Please select the energy provider for where this work has been carried out, to email a copy of this CCEW directly to that provider
 Please enter the meter providers email to send a copy of this CCEW directly to that provider
 I certify that the information provided in this Certificate Compliance Electrical Work (CCEW) is true and correct.
 Signature _____