

Online Certificate Compliance Electrical Work (CCEW)

Any field marked with an * is mandatory

INSTALLATION ADDRESS

Property Name

Floor Unit *Street Number &/or Lot/RMB

*Street Name Nearest Cross Street

*Suburb *State *Post Code

Pit/Pillar /Pole No. 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

Email Office No. Mobile No.

INSTALLATION DETAILS

Type of Installation

- | | | | | |
|--------------------------------------|-------------------------------------|-------------------------------------|--------------------------------|--|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Industrial | <input type="checkbox"/> Rural | <input type="checkbox"/> Mixed Development |
|--------------------------------------|-------------------------------------|-------------------------------------|--------------------------------|--|

Work carried out

- | | | |
|--|---|---|
| <input type="checkbox"/> New Work | <input type="checkbox"/> Installed Meter | <input type="checkbox"/> Network connection |
| <input type="checkbox"/> Addition/alteration to existing | <input type="checkbox"/> Install Advanced Meter | <input type="checkbox"/> EV Connection |
| <input type="checkbox"/> Re-inspection of non-compliant work | Non-Compliance No. | <input type="text"/> |

Special Conditions

- | | | |
|--|---|---|
| <input type="checkbox"/> Over 100 amps | <input type="checkbox"/> Hazardous Area | <input type="checkbox"/> Off Grid Installation |
| <input type="checkbox"/> High Voltage | <input type="checkbox"/> Unmetered Supply | <input type="checkbox"/> Secondary Power Supply |

*DETAILS OF EQUIPMENT

Select equipment installed and estimate increase of work affected by the work carried out

*Meters - Installed (I), Removed (R), Existing (E)

Master/Sub Status - No (N), Master (M), Sub (S)

Estimated increase in load A/ph

Is increased load within capacity of installation/service mains?

- Yes No

Is work connected to supply? (pending DSNP Inspection)

- Yes No

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:

- Earthing system integrity
- Residual current device operational
- Insulation resistance Mohms
- Visual check that installation is suitable for connection to supply
- Polarity
- Stand-Alone system complies with AS4509
- Correct current connections
- Fault loop impedance (if necessary)

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/RMBLot/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

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

Please confirm the owners email address to send a copy of this CCEW directly to the property owner

I certify that the information provided in this Certificate Compliance Electrical Work (CCEW) is true and correct.

Signature