Online Certificate Compliance Electrical Work (CCEW)

Any field marked with an * ismandatory

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

Residential ☐   Commercial ☐   Industrial ☐   Rural ☐   Mixed Development ☐

*Work carried out

New Work ☐	Installed Meter ☐	Network connection ☐
Addition/alteration to existing ☐	Install Advanced Meter ☐	EV Connection ☐

Re-inspection of non-compliant work ☐   Non-Compliance No.

Special Conditions

Over 100 amps ☐	Hazardous Area ☐	Off Grid Installation ☐
High Voltage ☐	Unmetered Supply ☐	Secondary Power Supply ☐

*DETAILS OF EQUIPMENT

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

	EQUIPMENT	RATING	NUMBER INSTALLED	PARTICULARS
☐	Switchboard			
☐	Circuits			
☐	Lighting			
☐	Socket Outlets			
☐	Appliances			
☐	Generation			
☐	Storage			

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

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

I	R	E	Meter No.	No. Dials	Master/Sub Status	Wired as Master/Sub	Register No.	Reading	Tariff
☐	☐	☐			N	N/A			
☐	☐	☐			N	N/A			
☐	☐	☐			N	N/A			
☐	☐	☐			N	N/A			
☐	☐	☐			N	N/A			
☐	☐	☐			N	N/A			
☐	☐	☐			N	N/A			
☐	☐	☐			N	N/A			

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. *This 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.

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.

If completing this CCEW electronically, please click the SUBMIT button to generate an email with a copy of the CCEW which you can save and send to the NSW regulator, Customer, the Service Provider and Meter Provider.

*Signature
Signature is only required when providing as a printed copy

SUBMIT