|  |  |
| --- | --- |
| APPLICATION NO. | DATE APPLICATION FILED |
| [applicationno] | [dateofapplication] |
|  |  |
| Date of Proposed Start of Installation | Expected Date of Completion |

BOX 1 (TO BE ACCOMPLISHED BY A DULY QUALIFIED ELECTRICAL PRACTITIONER)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME OF OWNER / APPLICANT | | | | | | | | | | LASTNAME | | | | | | | | | | FIRSTNAME | | | | | | | MIDDLE NAME | | | | | | | T.I.N |
|  | | | | | | | | | | [lastname], | | | | | | | | | | [firstname] | | | | | | | [mi] | | | | | | |  |
| ADDRESS | | | NO | | | STREET | | | | | | | | | BARANGAY | | | | | | | | CITY/MUNICIPALITY | | | | | | | | | | | TEL FAX NO. |
|  | | |  | | |  | | [brgy] | | | | | | | | | | | Sultan Kudarat, Maguindanao | | | | | | | | | | | |  | | |  |
| LOCATION OF INSTALLATION | | | | | | | NO | | | | | | | | STREET | | | | | | | BARANGAY | | | | | | | | | CITY/MUNICIPALITY | | | |
|  | | | | | | |  | | | | | |  | | | [locationofconstruction] | | | | | | | | | | Sultan Kudarat, Maguindanao | | | | | | | | |
| SCOPE OF WORK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | NEW INSTALLATION | | | | | | | | | | | |  | ADDITION OF | | | | | | | | | | |  | REMOVAL OF | | | | |
|  | | | |  | ANNUAL INSPECTION | | | | | | | | | | | |  | REPAIR OF | | | | | | | | | | |  | OTHER(specify) | | | | |
| TYPE OF OCCUPANCY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. RESIDENTIAL WELLING | | | | | | | | | |  | E. BUSINESS AND MERCANTILE | | | | | | | | | | | | |  | | | I. ASSEMBLY OCCUPANT LOAD 1000 OR MORE | | | | | | |
|  | 1. RESIDENTIAL, HOTEL, APARTMENT | | | | | | | | | |  | F. MORE INDUSTRIAL | | | | | | | | | | | | |  | | | J. ACCESSORY | | | | | | |
|  | 1. EDUCATION AND RECREATION | | | | | | | | | |  | G. STORAGE AND HAZARDOUS | | | | | | | | | | | | |  | | | K. OTHERS (specify) | | | | | | |
|  | 1. INSTITUTIONAL | | | | | | | | | |  | H. ASSEMBLY OCCUPANT LESS THAN 1000 | | | | | | | | | | | | |  | | |  | | | | | | |
| NUMBER OF OUTLETS | | | | | | | | | | | | | | | | | | | | | NUMBER OF EQUIPMENT / WIRING DEVICE | | | | | | | | | | | | | |
|  | | LIGTH | | | | | | |  | | | | | SPO, COOKING UNIT | | | | | | |  | | | TOOGLE SWITCH | | | | | | | |  | FADETECTOR | |
|  | | CONVENIENCE/ RECEPTACLE | | | | | | |  | | | | | SPO, WATER HEATER | | | | | | |  | | | BELL/BU | | | | | | | |  | OTHERS (See attached list) | |
|  | | SPO, AIRCON | | | | | | |  | | | | | SPO, WATER PUMP | | | | | | |  | | | PUSH BUTTONS | | | | | | | |  |  | |

BOX 2 (PROFESSIONAL ELECTRICAL ENGINEER WHO SIGNED AND SEALED PLANS AND SPECIFICATION)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| NAME |  | | | PRC REG. NO. |  | VALIDITY |  |
| ADDRESS |  | | | TEL / FAX NO. |  | | |
| PTR NO. |  | DATE ISSUED |  | PLACE ISSUED |  | | |
| SIGNATURE |  | DATE ISSUED |  | TIN |  | | |

BOX 3 (ELECTRICAL CONTRACTOR – 200 AMPERE MAIN AND ABOVE)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| NAME |  | PCABLIC NO |  | (SPECIAL ELECTRICAL) | |  |
| ADDRESS |  | | | TEL / FAX NO. |  | |

BOX 4 (PERSON IN-CHARGE OF INSTALLATION)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | PROFESSIONAL ELECTRICAL ENGINEER | |  | REGISTERED ELECTRICAL ENGINEER | | |  | REGISTERED MASTER ELECTRICIAN  (Not exceeding 600Volts and 500kVA) | | | |
| NAME | |  | | | | | PRC REG NO. | |  | VALIDITY |  |
| ADDRESS | |  | | | | | TEL / FAX NO. | |  | | |
| PTR NO. | |  | | | DATE ISSUED |  | PLACE ISSUED | |  | | |
| SIGNATURE | |  | | | DATE ISSUED |  | TIN | |  | | |

BOX 5 (OWNER / AUTHORIZED REPRESENTATIVE)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME | SIGNATURE | TIN | CTC NO. |  |
|  |  | [tin5] | DATE ISSUED |  |
| PLACE ISSUED |  |

BOX 6 (TO BE RECEIVED BY THE RECEIVING / RECORDING SECTION)

|  |  |  |
| --- | --- | --- |
| ELECTRICAL PLANS AND SPECIFICATIONS (5 SETS) | RECEIVED BY |  |
| DATE RECEIVED |  |