



Online Certificate Compliance Electrical Work (CCEW)

Any field marked with an * is mandatory

INSTALLATION ADDRESS				
Property Name				
<input type="text"/>				
Floor	Unit	*Street Number	&/or	Lot/RMB
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
*Street Name				
<input type="text"/>				
Nearest Cross Street				
<input type="text"/>				
*Suburb				
<input type="text"/>				
*State				
NSW				
*Post Code				
Pit/Pillar /Pole No.	NMI	Meter No.	AEMO Metering Provider I.D.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

CUSTOMER DETAILS				
<input type="checkbox"/> Please tick if Customer Address details same as installation details				
*First Name		*Last Name		
<input type="text"/>		<input type="text"/>		
Company Name				
<input type="text"/>				
Floor	Unit	*Street Number	&/or	Lot/RMB
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
*Street Name				
<input type="text"/>				
Nearest Cross Street				
<input type="text"/>				
*Suburb				
<input type="text"/>				
*State				
<input type="text"/>				
*Post Code				
Email	Office No.	Mobile No.		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

INSTALLATION DETAILS					
*Type of Installation					
Residential	<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Industrial	<input type="checkbox"/>
Rural	<input type="checkbox"/>	Mixed Development	<input type="checkbox"/>		
*Work carried out					
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	<input type="checkbox"/>	Non-Compliance No.	<input type="checkbox"/>		
Special Conditions					
x=60	Over 100 amps	x=180	<input type="checkbox"/>	Hazardous Area	x=310 <input type="checkbox"/>
High Voltage	<input type="checkbox"/>	Unmetered Supply	<input type="checkbox"/>	Off Grid Installation	x=437 <input type="checkbox"/>
				Secondary Power Supply	<input type="checkbox"/>