



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

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 |
|---|--------|------------------|-------------|
| <input type="checkbox"/> Switchboard | | | |
| <input type="checkbox"/> Circuits | | | |
| <input type="checkbox"/> Lighting | | | |
| <input type="checkbox"/> Socket Outlets | | | |
| <input type="checkbox"/> Appliances | | | |
| <input type="checkbox"/> Generation | | | |
| <input type="checkbox"/> 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 |
|--------------------------|--------------------------|--------------------------|-----------|-----------|-------------------|---------------------|--------------|---------|--------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |

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/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

Choose an Energy 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

Signature is only required when providing as a printed copy

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.

SUBMIT