



# Online Certificate Compliance Electrical Work (CCEW)

Any field marked with an \* is mandatory

## INSTALLATION ADDRESS

Property Name

Floor

\*Street Name

Unit

PROP 610

\*Street Number

&/or

Lot/RMB

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

Estimated increase in load A/ph

Yes

No

\* Is increased load within capacity of installation/service mains?

\* 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**