



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

123

*State

*Post Code

Pit/Pillar /Pole No.

NMI

Meter No.

AEMO Metering Provider I.D.

CUSTOMER DETAILS

PP123

NMI123456

M789

☐ Please tick if Customer Address details same as installation details

*First Name

*Last Name

Company Name

Floor

Unit

456

*Street Number

&/or

Lot/RMB

*Street Name

Nearest Cross Street

NSW

*Suburb

*State

02 1234 5678

*Post Code 0412 345 678

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 checked="" type="checkbox"/> Switchboard			
<input checked="" type="checkbox"/> Circuits	100A	1	Main switchboard
<input type="checkbox"/> Lighting			
<input type="checkbox"/> Socket Outlets			
<input type="checkbox"/> Appliances			
<input type="checkbox"/> Generation			
<input checked="" type="checkbox"/> Storage			

X M123456

5

*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
						15kW			
								X	
								X	

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

☐

789

INSTALLERS LICENSE DETAILS

* Installer Ave

Floor

Unit

* Last Name

NSW

2000

* Street Number

&/or

Lot/RMB

02 9876 5432

* Street Name

Nearest Cross Street

* Suburb

* LIC123456

31/12/2025 * 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:

<input type="checkbox"/>	Earthing system integrity
<input type="checkbox"/>	Residual current device operational
<input type="checkbox"/>	Insulation resistance Mohms
<input checked="" type="checkbox"/>	Visual check that installation is suitable for connection to supply
<input checked="" type="checkbox"/>	Polarity
<input type="checkbox"/>	Stand-Alone system complies with AS4509
<input type="checkbox"/>	Correct current connections
<input type="checkbox"/>	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

NSW

Office No.

Mobile No.

*Contract 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

TEST123

30/06/2026

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

Ausgrid

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