



# 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

Test Building

Nearest Cross Street

\*Suburb

123

\*State

\*Post Code

Test Street

Pit/Pillar /Pole No.

NMI

Meter No.

AEMO Metering Provider I.D.

Sydney

NSW

2000

## CUSTOMER DETAILS



Please tick if Customer Address details same as installation details

\*First Name

John

\*Last Name

Smith

Company Name

Smith Enterprises Pty Ltd

Floor

Unit

456

\*Street Number

&/or

Lot/RMB

Customer Road

\*Street Name

Sydney

NSW

Nearest Cross Street

2000

\*Subjoh@example.com

\*State

02 1234 5678

\*Post Code 0412 345 678

Email

X

Office No.

Mobile No.

X

## 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				
X	Circuits	100A	1	Main switchboard
Lighting				
Socket Outlets				
Appliances				
Generation				
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

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

Builder? Yes

No

\* Is work connected to supply? (pending DSNP Inspection)

Yes

No

## INSTALLERS LICENSE DETAILS

789

\*First Name

Sydney  
Floor

bob@builder.com

Unit

\*Last Name

NSW

2000

\*Street Number

02 9876 5432

&/or

Lot/RMB

\*Street Name

Nearest Cross Street

\*Suburb

\*SLIC123456

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 13/11/2024

## TESTERS LICENSE DETAILS

Please tick if Testers Lic. details same as Installers Lic. details

\*First Name

\*Last Name

Floor  
Test

Unit

\*Street Number

&/or

Lot/RMB

\*Street Name

Nearest Cross Street

\*Suburb

\*State

\*Post Code

\*Email

NSW

Office No.

2000

Mobile No.

\*Contractor's License 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

Choose an Energy 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.

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**

\*Signature

Signature is only required when providing as a printed copy