



Online Certificate Compliance Electrical Work (CCEW)

Any field marked with an * is mandatory

INSTALLATION ADDRESS

Property Name

Floor	Unit	*Street Number	&/or	Lot/RMB
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>

*Street Name PROP_600	Nearest Cross Street
<input type="text"/>	<input type="text"/>

*Suburb	*State	*Post Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Please tick if Customer Address details same as installation details

*First Name

*Last Name

Company Name

Floor	Unit	*Street Number	&/or	Lot/RMB
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>

*Street Name	Nearest Cross Street
<input type="text"/>	<input type="text"/>

*Suburb	*State	*Post Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

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"/>
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*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="text"/>	

Special Conditions

Over 100 amps <input type="checkbox"/>	Hazardous Area <input type="checkbox"/>	Off Grid Installation <input type="checkbox"/>
High Voltage <input type="checkbox"/>	Unmetered Supply <input type="checkbox"/>	Secondary Power Supply <input type="checkbox"/>

*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?

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.

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.

*Signature

Signature is only required when providing as a printed copy

SUBMIT