



Online Certificate Compliance Electrical Work (CCEW)

Any field marked with an * is mandatory

INSTALLATION ADDRESS

Property Name

Floor Test Building

Unit

*Street Number

&/or

Lot/RMB

*Street Name

123

Nearest Cross Street

*Suburb

Test Street

*State

NSW

*Post Code

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 PP123

NMI123456

M789

Last Name

AEMO001

Company Name

Floor John

Unit

*Street Number Smith

&/or

Lot/RMB

*Street Name

Smith Enterprises Pty Ltd

Nearest Cross Street

*Suburb

456

*State

*Post Code

Email

Office No.

Mobile No.

Customer Road

INSTALLATION DETAILS

*Type of Installation

Sydney

Residential

☐

Commercial

☐

Industrial

☐

Rural

☐

2000

Mixed Development

☐

*Work carried out

john@example.com

New Work

☐

Installed Meter

02 1234

5678

Network connection

0412 345 678

☐

Addition/alteration to existing

☐

Install Advanced Meter

☐

EV Connection

☐

Re-inspection of non-compliant work

☐

Non-Compliance No.

Special Conditions

X

Over 100 amps

☐

Hazardous Area

☐

Off Grid Installation

☐

X
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	100A	1	Main switchboard
<input checked="" type="checkbox"/> Circuits	20A	12	Lighting and power
<input type="checkbox"/> Lighting			
<input type="checkbox"/> Socket Outlets			
<input type="checkbox"/> Appliances			
<input type="checkbox"/> Generation			
<input checked="" type="checkbox"/> Storage	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

Builder

* 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

*First Name

Installer Ave

Sydney

Floor

bob@builder.com

Unit

*Last Name

NSW

2000

*Street Number

&/or

Lot/RMB

02 9876 5432

*Street Name

Nearest Cross Street

*Suburb

*State LIC123456

31/12/2025

*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:

<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 checked="" type="checkbox"/>	Stand-Alone system complies with AS4509
<input checked="" 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 13/1/2024

TESTERS LICENSE DETAILS

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

*First Name

*Last Name

FloorTest

Unit

*Street Number

&/or

Lot/RMB

*Street Name

Nearest Cross Street

*Suburb

*State

*Post Code

*Email

NSW

Office No.

2000

Mobile No.

*Qualifications 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