



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	*Post Code	
			NSW	Cross Road	
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	NMI123456	M789	Last Name	AEMO001	
Company Name					
Floor	John	Unit	*Street Number	&/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	<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Industrial	<input type="checkbox"/>	NSW	Rural	<input type="checkbox"/>	2000	Mixed Development	<input type="checkbox"/>
*Work carried out	john@example.com	New Work	<input type="checkbox"/>	Installed Meter	02 1234 5678	<input type="checkbox"/>	Network Connection	0412 345 678	<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.											
Special Conditions	X	Over 100 amps	<input type="checkbox"/>	Hazardous Area	<input type="checkbox"/>	Off Grid Installation	<input type="checkbox"/>						
	X	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	X	100A	1	Main switchboard
Circuits	X	20A	12	Lighting and power
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

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

Installer Ave

Floor

Unit

*Street Name

*Suburb

Email

*Qualified Supervisors No.

*Expiry Date

Or

*Contractor's License No.

*Expiry Date

*Last Name

NSW

2000

*Street Number

&/or

Lot/RMB

Nearest Cross Street

*State

31/12/2025

Post Code

Office No.

Mobile No.

*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

Floor Test

Unit

*Street Engineer

&/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

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.

*Signature

Signature is only required when providing as a printed copy