



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

Test Building

*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

Floor

Unit

456

*Street Number

&/or

Lot/RMB

Customer Road

*Street Name

Sydney

Nearest Cross Street

2000

*Suburb

X

*State

02 1234 5678 0412 345 678 Post Code

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 |
|----------------|----------|--------|------------------|------------------|
| 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
Engineer

&/or

Lot/RMB

*Street Name

Nearest Cross Street

*Suburb

*State

*Post Code

*Email

NSW

Office No.

test@engineer.comors No.

Sydney

Mobile 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