

Surname ZAFAR

State

05-2021

P1 0048 0406 9

Email¹

Customer of LEW/REC:

Owner of property:

COES APPLICATION FORM

0456089056

APPLICANT DETAILS

Business Name (if applicable)

Suburb /Town | CRAIGIEBURN

Applicant's relationship to property:

Acronyms LEW = Licensed Electrical Worker

Applicant Address details1

First Name

Phone No.

Lot No. 7623

Street name

Lot No.

Street name

LEW Name

REC Business Name

LEW/REC Address

Suburb /Town

Note: See page 2 for guidance on completing this form

MUHAMMAD WAQAS

FLETCHER ROAD

REC = Registered Electrical Contractor

Unit No.

Unit No.

energy	safe VICTORIA
	V.O. O. III

Creating a safer state with electricity and gas WAQASZAFAR99@GMAIL.COM Street No. 19 State VIC Postcode 3064 Occupant / tenant: Authorised agent: ¹Search results will be emailed to the above email address or posted to the Applicant street address if no email address is provided. SEARCH PROPERTY ADDRESS OR TICK IF SEARCH ADDRESS IS AS ABOVE Street No. Postcode LEW licence No. REC registration No.

DECLARATION OF INTERESTED PERSON

LEW/REC Phone No./Email address

ADDITIONAL INFORMATION (IF KNOWN)

Certificate of Electrical Safety (COES) number²

Date electrical installation work completed (or estimate if unsure)

I declare that I am the customer of the electrical contractor that completed the work covered by this COES, the owner or occupant of the property, or an authorised agent acting on their behalf. I have attached evidence of this3.

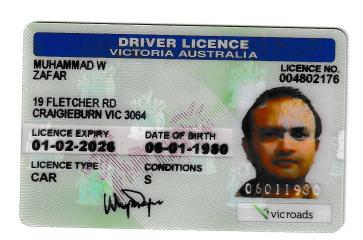
The information that I have provided is true and correct and may be made available to ESV employees, including personal details such as name, addresses and phone numbers for the purpose of processing this application. I am aware that providing false or misleading information is an offence under Section 148 of the Electricity Safety Act 1998 and doing so may result in a substantial fine.

Signature

Wagns lefo

18/12/2023

T (03) 9203 9700



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