



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

*Suburb

*State

*Post Code

Pit/Pillar /Pole No.

NMI

Meter No.

AEMO Metering Provider I.D.

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

*Street Name

Nearest Cross Street

*Suburb

*State

*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
<input type="checkbox"/> Switchboard			
<input type="checkbox"/> Circuits			
<input type="checkbox"/> Lighting			
<input type="checkbox"/> Socket Outlets			
<input type="checkbox"/> Appliances			
<input type="checkbox"/> Generation			
<input type="checkbox"/> 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

Estimated increase in load A/ph

* 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:

- | | |
|--------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> | Earthing system integrity |
| <input type="checkbox"/> | Residual current device operational |
| <input type="checkbox"/> | Insulation resistance Mohms |
| <input type="checkbox"/> | Visual check that installation is suitable for connection to supply |
| <input 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

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

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