



# 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.

AMG100985

\*AEMO Metering Provider I.D.

## CUSTOMER DETAILS



Please tick if sto er ddress details sa e 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 checked="" 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"/>							

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

Floor

Unit

\*Street Name

\*Suburb

Email

\*Last Name

\*Street Number

&/or

\*Lot/RMB

Nearest Cross Street

\*State

\*Post Code

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 checked="" type="checkbox"/> | Earthing system integrity   |
| <input type="checkbox"/>            | Residual current device operational                                 |
| <input checked="" 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

## 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

true and correct.

If submitting this CCEW electronically, please click the SUBMIT button to email a copy directly to the NSW regulator, the Service Provider, Meter Provider and Customer, as identified above.

providing it as a  
printed copy

It is mandatory to sign this document if

**SUBMIT**

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