

ELECTRICAL CONTRACTOR AUTHORIZATION & DECLARATION OF COMPLIANCE ELECTRICAL INSPECTION REQUEST

Payment Card Industry Data Security Standards prevent the use of credit card information sent through email or fax. A Client Service Representative will contact you within three business days to complete any payment process required.

Note: Technical Safety BC collects your personal information for the purpose of administering permits and other activities under the Safety Standards Act and may need to disclose this information to entities such as utilities, provincial agencies and municipalities.

By submitting this form you are consenting to the disclosure described above.

Any personal information collected is handled in accordance with the British Columbia *Freedom and Protection of Privacy Act.* If you have questions about the collection, use, or disclosure of this information, contact the Records, Information and Privacy Analyst for the Technical Safety BC at 1-866-566-7233.

A. SITE INFORMATION

Permit no.:				
Installation name:				
Installation address: (Unit/Suite #; Civic #, Street Name; City; Postal Code)				
Site contact name:	Phone no.:			
Email:				

B. LICENSED CONTRACTOR/FIELD SAFETY REPRESENTATIVE

Name of Licensed Electrical Contractor: (as shown on Licence card)	Licence No.:		
Phone No.:	E-mail:		
Field Safety Representative (FSR) Name:	FSR No.:	FSR Class:	
FSR Contact Phone No.:	FSR Contact Email Address:	·	

C. INSPECTION TYPE

	ovide a detailed description of the regulate quipment, wiring method, type of installatio	d work associated with this declaration. This description should include on, etc.)				
Work in Progress	180 Days Safety Check	Final – All Work is Complete				
Rough Wiring Inspection: Rough Wiring progress: Partial Slab UFER Ground Under Ground Partial Rough Wiring Area:	Complete Rough Wiring Cover Date:(mandatory) YYYY MM DD	Electrical Installation Ready for Connection: New Service Type of Grounding Temporary Construction Service Electrode: Service Change UFER From:To: Plate Service Repair Other – Describe:				
Voltage (line to line):V	AMPS:A Phase:	Ø Non-compliances corrected				
Inspections for non-compliance purposes will be billed on an hourly basis. Please refer to the 'Safety Services Rate in fee schedule						

Continue to page 2 for Declaration

D. DECLARATION

Is the Electrical Equipment Energized? Yes: Complete declarat	ion below No N/A					
I declare that energized electrical systems are in normal operation, normal equipment condition, and all barriers (e.g. panel covers) are in place.						
NOTE: Provide information in inspection notes section if energized electrical systems are NOT in normal operation and normal equipment condition.						
I understand the requirements for electrical equipment to be de-energized when an inspection is performed. Refer here for additional information.						
Note: the safety officer may require a qualified person to be present to de-energize equipment.						
If submitting this form online, you MUST check the box below to confirm your declaration.						
Please note that checking this box and submitting this form to Techn	,	YYYY	MM	DD		
as the Field Safety Representative named above that you have physical compliance under the Safety Standards Act. This has the same effect as						
	s submitting a handwritten signature.					
	- Field Osfels Descented in family	- h P				
I,, a Field Safety Representative for the above licensed contractor,						
hereby declare that the electrical installation authorized under the above mentioned permit is safe to inspect and has been installed to comply with the Safety Standards Act and Regulations of British Columbia.						
FSR Signature:	Date:					