

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.

Permit Number:	Requested Inspection Date:
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A. INSTALLATION (Please print clearly)

Installation Name:
Installation Address: <i>(Unit/Suite #; Civic #, Street Name; City; Postal Code)</i>
Notes/Work Description. You MUST enter the description of work for this particular inspection request. <i>If necessary, provide additional information/direction that would ensure safety officer access to the site, and any notes pertaining to this request.</i>

B. LICENSED ELECTRICAL CONTRACTOR

CHANGE OF ADDRESS, CONTACT INFO?

Name of Licensed Electrical Contractor: (as shown on Licence card)			
Licence No.:	Contact Phone #:	Fax:	E-mail:
Complete Mailing Address: <i>(Unit/Suite #; Civic #, Street Name; City; Postal Code)</i>			

C. DECLARATION

Field Safety Representative (FSR) Name:	FSR No.:	FSR Class:
FSR Contact Phone No.:	FSR Contact Email Address:	
If submitting this form online, you MUST check the box below to confirm your declaration.		
<input type="checkbox"/> Please note that checking this box and submitting this form to Technical Safety BC constitutes your declaration as the Field Safety Representative named above that you have physically examined the electrical work to confirm compliance under the <i>Safety Standards Act</i> . This has the same effect as submitting a handwritten signature.	YYYY	MM
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 <i>Safety Standards Act</i> and Regulations of British Columbia.	DD	
FSR Signature: _____	Date: _____	

D. INSPECTION TYPE

<input type="checkbox"/> Work in Progress	<input type="checkbox"/> 180 Days Safety Check	<input type="checkbox"/> Final – All Work is Complete
<input type="checkbox"/> Rough Wiring Inspection:	Rough Wiring Cover Date:(mandatory) YYYY MM DD	
Rough Wiring progress: <input type="checkbox"/> Partial <input type="checkbox"/> Complete	<input type="checkbox"/> Slab <input type="checkbox"/> UFER Ground	<input type="checkbox"/> Under Ground
<input type="checkbox"/> Electrical Installation Ready for Connection:		Type of Grounding Electrode:
<input type="checkbox"/> New Service <input type="checkbox"/> Service Change	<input type="checkbox"/> Temporary Construction Service	<input type="checkbox"/> Rod <input type="checkbox"/> UFER <input type="checkbox"/> Plate
From: _____	To: _____	<input type="checkbox"/> Other – Describe: _____
Voltage (line to line): _____ V	AMPS: _____ A	Phase: _____ Ø
<input type="checkbox"/> Non-compliances corrected	MM DD YYYY	RE-INSPECTION FEES MAY BE ASSESSED WHEN AN INSPECTION OF A PREVIOUS NON-COMPLIANCE IS PERFORMED (MIN. 1 HOUR WILL BE CHARGED)

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