

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. <i>You MUST enter the description of work for this particular inspection request. 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 License card)			
Licence No.:	Contact Phone #:	Fax:	E-mail:
Complete Mailing Address: <i>(Unit/Suite #, Civic #, Street Name; City; Postal Code)</i>			

C. DECLARATION (to the electrical inspection office and/or supply authority):

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 BC Safety Authority constitutes your declaration as the Field Safety Representative named above that you have physically examined the electrical work to confirm compliance under the Safety Standards Act. 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 Safety Standards Act and Regulations of British Columbia.	DD	
Is the Electrical Equipment Energized? <input type="checkbox"/> Yes: Complete declaration below. <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> I declare that energized electrical systems are in a normal operating condition and all barriers (e.g. panel covers) are in place. <input type="checkbox"/> 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.		
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 progress: <input type="checkbox"/> Partial	Rough Wiring Cover Date:(mandatory)	YYYY MM DD
<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:		
<input type="checkbox"/> New Service	<input type="checkbox"/> Temporary Construction Service	<input type="checkbox"/> Service Repair
<input type="checkbox"/> Service Change	From: _____	To: _____
Type of Grounding Electrode:		<input type="checkbox"/> Rod <input type="checkbox"/> UFER <input type="checkbox"/> Plate
		<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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