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**ELECTRICAL CONTRACTOR AUTHORIZATION AND DECLARATION OF COMPLIANCE
 ELECTRICAL INSPECTION REQUEST**

Note: The information on this form is collected to administer the provisions of the BC Safety Standards Act. If you have questions about the collection, use or disclosure of this information, contact the Records/FOIPP Coordinator for the BC Safety Authority at telephone 604.660.6286.

A. Installation (If faxing this document, please PRINT clearly):

Permit Number:				
Installation name:			Location of Work Site:	
Suite no.:	Civic no.:	Street name:	Street type:	NSEW:
City:				

B. Licensed Electrical Contractor:

Licensed Electrical Contractor (EC) name (please print):		
License No.:	Telephone: ()	Fax: ()
City:		

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

Field Safety Representative No. (FSR):		FSR Classes:	
"I _____ a field safety representative for the above licensed contractor, hereby declare that the electrical installation authorized under the above mentioned permit has been installed to comply with the Safety Standards Act and Regulations of British Columbia."			
Field Safety Representative (FSR) Signature:		Date: YYYY MM DD	
<input type="checkbox"/> Work in Progress <input type="checkbox"/> All work is Complete <input type="checkbox"/> Installation Safe			
<input type="checkbox"/> Rough Wiring Inspection Required	Rough Wiring Cover Date: YYYY MM DD		
Rough Wiring Progress:	<input type="checkbox"/> Partial	<input type="checkbox"/> Slab	<input type="checkbox"/> UFER Ground <input type="checkbox"/> Under Ground
	<input type="checkbox"/> Complete	Partial Rough Wiring Area: _____	
<input type="checkbox"/> Electrical Installation Ready	<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)	AMPS	Phase	Electric Heat
V	A	Ø	kw
		YYYY	MM DD
<input type="checkbox"/> Non Compliance Corrected	Non Compliance of Corrected Date: _____		
Remarks: _____ _____ _____			
RE-INSPECTION FEES MAY BE ASSESSED WHEN AN INSPECTION OF A PREVIOUS NON-COMPLIANCE IS PERFORMED (MIN. 1 HOUR WILL BE CHARGED).			