



Please refer to our web site, or contact one of the Regional Offices below to locate a BC Safety Authority office nearest you:

| | | | | | |
|------------------|--------------|-------------------|----------------------|--------------|-------------------|
| Coquitlam | 604-927-2041 | Fax: 604-927-2047 | Kamloops | 250-314-6000 | Fax: 250-377-4406 |
| Kelowna | 250-861-7313 | Fax: 250-861-7349 | Langley | 604-539-3573 | Fax: 604-539-3570 |
| Nanaimo | 250-716-5200 | Fax: 250-716-5212 | Prince George | 250-614-9972 | Fax: 250-614-9949 |
| Victoria | 250-952-4444 | Fax: 250-952-4458 | | | |

New Westminster 505-6th Street, Suite 200, New Westminster, BC V3L 0E1 Local: 778-396-2000 Fax: 778-396-2174
 Toll Free: 1-866-566-7233 (SAFE) Fax: 1-888-660-3508 Website: www.safetyauthority.ca

**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 any questions about the collection, use or disclosure of this information, contact the Records, Information and Privacy Analyst for the BC Safety Authority at telephone 1-866-566-7233.

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: YYYY MM DD | | |
| Remarks: _____ | | | |
| _____ | | | |
| _____ | | | |
| RE-INSPECTION FEES MAY BE ASSESSED WHEN AN INSPECTION OF A PREVIOUS NON-COMPLIANCE IS PERFORMED (MIN. 1 HOUR WILL BE CHARGED). | | | |