



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:	
<p>"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."</p>			
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 Change		<input type="checkbox"/> Service Repair	
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	
<p>Remarks: _____</p> <p>_____</p> <p>_____</p>			
<p>RE-INSPECTION FEES MAY BE ASSESSED WHEN AN INSPECTION OF A PREVIOUS NON-COMPLIANCE IS PERFORMED (MIN. 1 HOUR WILL BE CHARGED).</p>			