



Nevis Electricity Company Ltd.

CSD-CS-1001

P.O.BOX 852, Charlestown, Nevis Tel# (869) 469-7243/9100 Fax: (869)

FORM FOR COMPLETION & INSPECTION CERTIFICATES

Certificate is to be completed by the electrician or by the person responsible for the construction of installation, or alteration thereto, or by an authorized person acting on his behalf. **INCOMPLETE FORMS WILL NOT BE ACCEPTED**

For and on behalf of:

METER #: _____ NEAREST POLE #: _____

CUSTOMER NAME: _____ ACCOUNT #: _____

SERVICE ADDRESS: _____

TELEPHONE: _____ (WORK) _____ (HOME) _____ (CELL)

DIRECTIONS: _____

.....
I _____ certify that the electrical installation at
(NAME OF ELECTRICIAN – PLEASE PRINT NAME)

_____ has been completed, in accordance with standards
(SERVICE ADDRESS)

set by supplier and that to the best of my knowledge and belief, the installation complies at the time of my test, with set standards.

TELEPHONE: _____ (WORK) _____ (HOME) _____ (CELL)

SIGNATURE _____ DATE _____
(ELECTRICIAN)

.....
FOR OFFICIAL USE ONLY

APPLICATION# _____ A/C# ASSIGNED _____

RECEIVING OFFICER _____ DATE RECEIVED _____

Particulars of the installation covered by this certificate:

New Installation _____	Alteration/Extension to existing installation _____
Service Type _____	Sub – Panel _____
Size of Mains _____	Main Breaker _____
Main Braker _____	No. of Circuits _____
No. of circuits _____	Sub – Panel _____
	Main Breaker _____
	No. of Circuits _____
Size of Ground _____	Number of socket outlet _____
No. of lighting points _____	220V _____ 110V _____
No. of Pumps _____	220V/110V _____
No. of A.C. units _____	Three phase equipment _____
No. of fans. units _____	Type _____ Rating _____
Water Heater _____	_____

Number of Ground fault circuit	(i) _____
Interrupters:	
Details of location (i.e. kitchen, bathroom):	(ii) _____
Details of departures (if any) from standards	_____

Size of breaker/No. of devices on circuit/Location: **(Main Panel)**

e.g. #1 – 15A – 40/6L – Bedroom

#2 – 15A – breaker – 6L – Living Room

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

21. _____

22. _____

23. _____

24. _____

Size of breaker/No. of devices on circuit/Location: **(Sub-Panel)**

e.g. #1 – 15A – 40/6L – Bedroom

#2 – 15A – breaker – 6L – Living Room

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

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11. _____

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16. _____

17. _____

18. _____

19. _____

20. _____

21. _____

22. _____

23. _____

24. _____

Comments (if any) on existing installation (where this certificate relates to an alteration or addition):

Give details of distribution panel

FOR OFFICIAL USE ONLY

This installation has been inspected in accordance with suppliers' standards and has met with requirements thereof.

Inspected by: _____ Date: _____

Please tick the appropriate box below

Application was **PASSED** Application was **FAILED**

Please tick the appropriate box below and enter the amount

Customer to be charged for:

Inspection & Transfer	<input type="checkbox"/>	Amount to be charged	<input type="text"/>
Inspection	<input type="checkbox"/>	Amount to be charged	<input type="text"/>
New Supply	<input type="checkbox"/>	Amount to be charged	<input type="text"/>