



Nevis Electricity Company Ltd.

P.O.BOX 852, Charlestown, Nevis Tel# (869) 469-7243/9100 Fax: (869) 469-7248

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***

I certify that the electrical installation at _____
has been completed, in accordance with standards 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.

Name of Electrician: _____

Signed: _____

Electrician

Date: _____

Contact Tel # (Electrician): - _____

For and on behalf of: _____

Name of Property Owner

Address: _____

Contact Tel # (Property Owner): - _____

FOR OFFICIAL USE ONLY

Customer Service Representative/Receiving Officer _____

(Name & Signature)

Date of Receipt _____ Application # _____

A/C # Assigned _____



Nevis Electricity Company Ltd.

P.O.BOX 852, Charlestown, Nevis Tel# (869) 469-7243/9100 Fax: (869) 469-7248

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**

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



Nevis Electricity Company Ltd.

P.O.BOX 852, Charlestown, Nevis Tel# (869) 469-7243/9100 Fax: (869) 469-7248

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**

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. _____ |



Nevis Electricity Company Ltd.

P.O.BOX 852, Charlestown, Nevis Tel# (869) 469-7243/9100 Fax: (869) 469-7248

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**

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. _____ | 10. _____ |
| 11. _____ | 12. _____ |
| 13. _____ | 14. _____ |
| 15. _____ | 16. _____ |
| 17. _____ | 18. _____ |
| 19. _____ | 20. _____ |
| 21. _____ | 22. _____ |
| 23. _____ | 24. _____ |



Nevis Electricity Company Ltd.

P.O.BOX 852, Charlestown, Nevis Tel# (869) 469-7243/9100 Fax: (869) 469-7248

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**

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

Give details of distribution panel



Nevis Electricity Company Ltd.

P.O.BOX 852, Charlestown, Nevis Tel# (869) 469-7243/9100 Fax: (869) 469-7248

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 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"/>