

# Electrical Contractor Representative Inspection Report

**Regional Offices**

Mount Pearl	(709) 729-2498
Harbour Grace	(709) 945-3106
Clarenville	(709) 466-4060
Gander	(709) 256-1420
Grand Falls-Windsor	(709) 292-4206
Corner Brook	(709) 637-2369
Stephenville	(709) 643-8650
Happy Valley/ Goose Bay	(709) 896-5428

**Please Print Clearly**

<b>1</b> Contractor	Permit Number	Contractor's Registration Number	Code
Contractor's Telephone	Contractor's Email		
Owner of Property	Worksite Address		

**Installation Information Please note: this report will not be processed unless it is fully completed**

<b>2 Size of Service</b>			
Amp _____	Phase _____	Voltage _____	Conductor Size _____ CU <input type="checkbox"/> AL <input type="checkbox"/>
<b>Details</b> (Number and Size of Breakers for Each Panel)			
15 AMP SP _____	20 AMP SP AFCI _____	50 AMP DP _____	
15 AMP SP AFCI _____	20 AMP DP _____	60 AMP DP _____	
15 AMP SP AFCI/GFI Combo _____	25 AMP DP _____	100 AMP DP _____	
15 AMP DP _____	30 AMP DP _____	125 AMP DP _____	
20 AMP SP _____	40 AMP DP _____	OTHER _____	
<b>Type of Service:</b> Overhead <input type="checkbox"/> Underground <input type="checkbox"/>			
Is rough wire 100% complete? Yes <input type="checkbox"/> No <input type="checkbox"/>		Is service 100% complete? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is connection required? Yes <input type="checkbox"/> No <input type="checkbox"/>		Is final 100% complete? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no to any of the above, please provide estimated completion date and/or reason for report			
Type of grounding and wire size Water Main <input type="checkbox"/> Rods <input type="checkbox"/> Plate <input type="checkbox"/> Artesian Well <input type="checkbox"/> Other <input type="checkbox"/> Conductor Size _____ CU <input type="checkbox"/>			

<b>3</b> I certify, on behalf of _____, that the foregoing information is accurate in every respect and that the installation referenced above conforms in all aspects to the requirements of the Canadian Electrical Code and the Electrical Regulations.		
Name of Representative (Please Print) _____	Signature of Representative _____	Date _____

<b>4 FOR OFFICE USE ONLY</b>			
C/A <input type="checkbox"/>	R/I <input type="checkbox"/>	PWI <input type="checkbox"/>	F/A <input type="checkbox"/>
Inspector _____			Date _____

<b>5 Routing Information</b>			
Forward completed form to the nearest regional office of the Government Service Centre listed below:			
<p><b>MOUNT PEARL</b> Motor Registration Building Telephone: (709) 729-2498 Facsimile: (709) 729-7400</p> <p><b>GRAND FALLS-WINDSOR</b> 3 Cromer Avenue Telephone: (709) 292-4206 Facsimile: (709) 292-4149</p>	<p><b>HARBOUR GRACE</b> 7-9 Roddick Crescent Telephone: (709) 945-3106 Facsimile: (709) 945-3114</p> <p><b>CORNER BROOK</b> Sir Richard Squires Building Telephone: (709) 637-2369 Facsimile: (709) 637-2681</p>	<p><b>CLARENVILLE</b> 8 Myer's Avenue Telephone: (709) 466-4060 Facsimile: (709) 466-4070</p> <p><b>STEPHENVILLE</b> 35 Alabama Drive Telephone: (709) 643-8650 Facsimile: (709) 643-8654</p>	<p><b>GANDER</b> Fraser Mall Telephone: (709) 256-1420 Facsimile: (709) 256-1438</p> <p><b>HAPPY VALLEY-GOOSE BAY</b> 2 Tenth Street Telephone: (709) 896-5428 Facsimile: (709) 896-4340</p>

**PRIVACY NOTICE**

The Government Service Centre collects personal information relating to electrical contractors under the authority of the *Public Safety Act*. This information may be shared with Motor Registration Division for the purposes of receipting at Government Service Centres and the Department of Education, Industrial Training Division, for the administration of the Plan of Training under the *Apprenticeship Training and Certification Act*. Personal information collected by the Government of Newfoundland and Labrador is protected under the *Access to Information and Protection of Privacy (ATIPP) Act*. If you have any questions about the collection or use of this information, please contact a Government Service Centre representative at your nearest Government Services office.