# ELECTRICAL CONTRACTOR AUTHORIZATION AND DECLARATION OF COMPLIANCE

## A. Installation
(if faxing this document, please PRINT clearly):

<table>
<thead>
<tr>
<th>Permit Number: ELE</th>
<th>Installation Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suite #:</td>
<td>Street #:</td>
</tr>
</tbody>
</table>

City: North Vancouver

Additional Information:

## B. Licensed Electrical Contractor:

Licensed Electrical Contractor (EC) name (please print):

<table>
<thead>
<tr>
<th>License No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone: ( )</td>
</tr>
<tr>
<td>Fax: ( )</td>
</tr>
</tbody>
</table>

## C. Declaration:
(to the electrical inspection office and supply authority)

<table>
<thead>
<tr>
<th>Field Safety Representative No. (FSR):</th>
<th>FSR Classes:</th>
</tr>
</thead>
</table>

"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."

<table>
<thead>
<tr>
<th>Field Safety Representative (FSR) Signature:</th>
<th>Date: YYYY MM DD</th>
</tr>
</thead>
</table>

☐ Work in progress

☐ All work is complete

☐ Installation safe (6 month safety check)

☐ Rough wiring as noted below is ready for inspection on YYYY MM DD

☐ Complete

☐ Slab

☐ Underground

☐ UFER Ground

☐ Partial (specify area):

☐ Electrical installation is ready for connection as noted below:

☐ Temp to Perm (New Service)

☐ Temporary Construction Service

☐ Service Repair

☐ Service Change

From: _______________  To: _______________

Type of grounding electrode: ☐ Rod

☐ Ufer

☐ Plate

☐ Water

☐ Other-describe:

Voltage (line to line) ☐ V

☐ AMPS

A

Phase ☐

Electric Heat ☐ kw

☐ Electric work completed without an installation permit in accordance with the provisions of the Safety Standards Act. Description of work:

☐ Non-Compliances of YYYY MM DD have been corrected.

Remarks:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

## D. Office use only

Installation as noted above has been accepted on the basis of the qualification of the Electrical Contractor’s Field Safety Representative

<table>
<thead>
<tr>
<th>Name (please print)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date: YYYY MM DD</th>
</tr>
</thead>
</table>

Electrical Safety Inspector Signature:

White – Inspector

Green – Job Site

Yellow – Electrical Contractor