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ELECTRICAL CONTRACTOR AUTHORIZATION AND DECLARATION OF COMPLIANCE

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

Permit Number: ELE		Installation Name:	
Suite #:	Street #:	Street name:	Street Type:
City: North Vancouver			
Additional Information:			

B. Licensed Electrical Contractor:

Licensed Electrical Contractor (EC) name (please print):		
License No:	Telephone: ()	Fax: ()

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

Field Safety Representative No. (FSR):	FSR Classes:
"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."	
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 (6 month safety check)	
<input type="checkbox"/> Rough wiring as noted below is ready for inspection on <input type="checkbox"/> Complete <input type="checkbox"/> Slab <input type="checkbox"/> Underground <input type="checkbox"/> UFER Ground <input type="checkbox"/> Partial (specify area): _____	YYYY MM DD / /
<input type="checkbox"/> Electrical installation is ready for connection as noted below: <input type="checkbox"/> Temp to Perm (New Service) <input type="checkbox"/> Temporary Construction Service <input type="checkbox"/> Service Repair <input type="checkbox"/> Service Change From: _____ To: _____	
Type of grounding electrode: <input type="checkbox"/> Rod <input type="checkbox"/> Ufer <input type="checkbox"/> Plate <input type="checkbox"/> Water <input type="checkbox"/> Other-describe:	
Voltage (line to line) V	AMPS A Phase Ø Electric Heat kw
<input type="checkbox"/> Electric work completed without an installation permit in accordance with the provisions of the Safety Standards Act. Description of work:	
<input type="checkbox"/> 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	Name (please print)
Date: YYYY MM DD / /	Electrical Safety Inspector Signature:

White – Inspector

Green – Job Site

Yellow – Electrical Contractor