
CERTIFICATE OF:

(Please mark relevant check-box)

TESTING AND COMPLIANCE (**Electrical installations**)

Issued in accordance with s227 of the Electrical Safety Regulation 2013

TESTING AND SAFETY (**Electrical equipment**)

Issued in accordance with s26 of the Electrical Safety Regulation 2013

* Work performed for:

* Name

Title

Given name/s

Surname

* Address

Street

Suburb/town

Postcode

* Electrical installation / equipment tested (please include site address for electrical installation work if different from above):

* Date of test ____ / ____ / ____

* Electrical contractor licence number _____

Name on contractor licence _____

Electrical contractor phone number _____

For **electrical installations**, this certifies that the electrical installation, to the extent it is affected by the electrical work, has been tested to ensure that it is electrically safe and is in accordance with the requirements of the wiring rules and any other standard applying under the Electrical Safety Regulation 2013 to the electrical installation.

For **electrical equipment**, this certifies that the electrical equipment, to the extent it is affected by the electrical work, is electrically safe.

Name _____

Person who performed, or person who is responsible for, the electrical work

Signature _____

Date ____ / ____ / ____

* Indicates a mandatory field

V4.12-2013