



APPLICATION FOR A CHANGE OF CONTRACTOR

THIS FORM IS TO BE COMPLETED BY THE CUSTOMER IN CASES WHERE THE INSTALLING CONTRACTOR IS NOT AVAILABLE TO COMPLETE AND/OR CERTIFY A NEW INSTALLATION CONSTRUCTED BY HIM/HER

DETAILS OF INSTALLATION REQUIRING CERTIFICATION

NAME OF APPLICANT: _____

EMAIL OF APPLICANT: _____

ADDRESS OF APPLICANT:

ADDRESS OF ELECTRICAL INSTALLATION:

PHONE: _____
(Of Applicant)

MPRN:

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 (*)

(*): If more than one Installation please provide MPRN for each Installation on a separate list.

Type of Installation:
(tick as appropriate)

- a) Domestic {}
- b) Commercial {}
- c) Industrial {}
- d) Farm {}
- e) Other (specify) {}

Is Installation:
(tick as appropriate)

- a) New {}
- b) Re-Wire {}
- c) Addition {}
- d) Alteration {}
- e) Other (Specify) {}

IF "OTHER" PLEASE SPECIFY: _____

DATE OF LAST WORK CARRIED OUT BY THE INSTALLING CONTRACTOR: _____



DETAILS OF ORIGINAL INSTALLING ELECTRICIAN/CONTRACTOR

NAME: _____

ADDRESS: _____

PHONE: _____

REASON WHY INSTALLING CONTRACTOR IS NOT COMPLETING/CERTIFYING THIS INSTALLATION

ANY OTHER RELEVANT INFORMATION: _____

DETAILS OF NEW CONTRACTOR NOMINATED TO COMPLETE/TEST AND CERTIFY INSTALLATION

NAME: _____

ADDRESS: _____

SAFE ELECTRIC REG. NO. :

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SIGNED: _____ **DATE:** _____
(By Consumer)

NAME (Block Letters): _____