Certificate of Electrical Compliance – Form 5
Health (Miscellaneous Provisions) Act 1911
Health (Public Buildings) Regulations 1992



CONTRACTORS/IN HOUSE ELECTRICAL INSTALLERS DETAILS	
Business name:	
Registration Number:	
Address:	
Postal address:	
Email:	
Phone number:	Mobile number:
OCCUPIERS DETAILS	
Name:	
Email:	
Phone number	Mobile number:
DETAILS OF BUILDING	
Name:	
Street number:	Street name:
Suburb:	Postcode:
PARTICULARS OF INSTALLATION	
Describe any electrical work for which you are not responsible in these premises:	
DECLARATION	
Signature of licensed electrical contractor or electrical worker authorised to sign on behalf of the	
electrical contractor/in-house electrical installer	
I being the person making this application declare that the information contained in this application is true and correct in every particular.	
Signature of applicant:	Date:
NOTES	
This form to be forwarded to the Local Authority when work is completed.	