|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | | | |
| This certificate of compliance is only to be used by electrical workers or contractors who have completed emergency after-hours repairs at a property and need to provide a certificate of compliance to the network provider before they reconnect the property to the grid.  Electrical workers or contractors who use this form will need to resubmit the information via the online electrical safety certificate of compliance available at:  <https://service.nt.gov.au/services/business-industry/electrical/issue-certificate-compliance>  This certificate of compliance **does not satisfy** the requirements under section 41(4)(a) and (b) of the [Electrical Safety Act 2022](https://legislation.nt.gov.au/Legislation/ELECTRICAL-SAFETY-ACT-2022#page=37&zoom=auto,88,176). | | | | | | | | | | | |
| Customer details | | | | | | | | | | | |
| Customer name  If a business, include primary contact name | | |  | | | | | | | | |
| Customer phone | | |  | | | | | | | | |
| Customer email | | |  | | | | | | | | |
| Property address  This is where the electrical work was completed | | |  | | | | | | | | |
| Property owner (if known and different from customer) | | | | | | | | | | | |
| Property owner name | | |  | | | | | | | | |
| Property owner email | | |  | | | | | | | | |
| Electrical repairs details | | | | | | | | | | | |
| **What date was the electrical repairs completed?** | | | | | |  | | | | | |
| Provide a description of the electrical repairs undertaken | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Defects or non-compliance | | | | | | | | | | | |
| Were there any defects or non-compliances observed on the existing installation which were not repaired? | | | | | | | | Yes |  | No |  |
| **If Yes, provide details of the non-compliance below. Include the standard and clause number for non-compliance.** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Electrical worker details | | | | | | | | | | | |
| Electrical worker name | | | |  | | | | | | | |
| Electrical worker licence number | | | |  | | | | | | | |
| **I certify that the information provided is complete and correct and that I have carried out all examinations and tests on the electrical installation work detailed on the certificate, and the results satisfy all requirements of the *Electrical Safety Act 2022*.** | | | | | | | | | | | |
| **Signature** | |  | | | **Date** | |  | | | | |
| Contractor (or authorised person acting on contractor’s behalf) details | | | | | | | | | | | |
| Contractor licence holder name | | | |  | | | | | | | |
| Contractor licence number | | | |  | | | | | | | |
| Contractor phone | | | |  | | | | | | | |
| Contractor email | | | |  | | | | | | | |
| **I certify that the information provided is complete and correct and that I have managed the electrical work detailed in the certificate ensuring it meets the requirements of the *Electrical Safety Act 2022*.** | | | | | | | | | | | |
| **Signature** | |  | | | **Date** | |  | | | | |
| End of form | | | | | | | | | | | |