**SBAAS**

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| --- | --- | --- |
| **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** |  |
| **\*Electrical Installation / Equipment Tested***(please include the 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 applied 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**