



**CERTIFICATE OF FINAL ELECTRICAL INSPECTION/COMPLETION**

THIS IS TO CERTIFY THAT FINAL INSPECTION OF THE ELECTRICAL INSTALLATION HAD BEEN CONDUCTED ON THE BUILDING AND/OR PREMISES COVERED BY BUILDING PERMIT NO. \_\_\_\_\_ ISSUED ON \_\_\_\_\_ AND THE SAME WERE FOUND COMPLETED IN ACCORDANCE WITH THE APPROVED SPECIFICATION ON FILE WITH THE OFFICE OF THE BUILDING OFFICIAL AND IN ACCORDANCE WITH PHILIPPINE ELECTRICAL CODE PROVISIONS.

NAME OF OWNER/APPLICANT		LAST NAME	FIRST NAME	MIDDLE NAME	TIN
ADDRESS	NO.	STREET	BARANGAY	CITY/MUNICIPALITY	TEL/FAX
LOCATION OF INSTALLATION	NO.	STREET	BARANGAY	CITY/MUNICIPALITY	
SCOPE OF WORK:					
<input type="checkbox"/> A. RESIDENTIAL <input type="checkbox"/> B. RESIDENTIAL, HOTEL, APARTMENT <input type="checkbox"/> C. EDUCATION & OTHERS(SPECIFY) _____ <input type="checkbox"/> D. INSTITUTIONAL		<input type="checkbox"/> E. BUSINESS & MERCANTILE <input type="checkbox"/> F. INDUSTRIAL <input type="checkbox"/> G. STORAGE & HAZARDOUS <input type="checkbox"/> H. ASSEMBLY OTHER THAN GROUP 1		<input type="checkbox"/> I. ASSEMBLY OCCUPANT LOAD 1000 OR MORE <input type="checkbox"/> J. ACCESSORY <input type="checkbox"/> K.	
START OF INSTALLATION _____			DATE OF COMPLETION _____		

OUTLETS/WIRING/ EQUIPMENT	
<b>NUMBER OF OUTLETS:</b> _____ LIGHT UNIT _____ CONVENIENCE / RECEPTACLE REPAIR _____ SPO, AIRCON _____ SPO, COOKING _____ SPO, WATER _____ SPO, WATER PUMP	<b>NO. OF EQUIPMENT/WIRING DEVICES:</b> _____ TOGGLE SWITCH _____ BELL/BUZZERS _____ PUSH BUTTON _____ FA DETECTORS _____ OTHERS(See Attendant List)

PERSON- IN-CHARGE OF INSTALLATION		
<input type="checkbox"/> PROFESSIONAL ELECTRICAL ENGINEER	<input type="checkbox"/> REGISTERED ELECTRICAL ENGINEER	<input type="checkbox"/> REGISTERED MASTER ELECTRICIAN (Not exceeding 600 Volts & 600 KVA)
NAME	PRC. REG. NO.	Validity
ADDRESS	TEL/FAX	
PTR NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE	DATE ISSUED	TIN

PERSON-IN-CHARGE OF INSTALLATION	
ADDRESS:	TEL/FAX NO.

<b>TYPE OF INSTALLATION:</b> <input type="checkbox"/> TEMPORARY <input type="checkbox"/> NEW <input type="checkbox"/> REMODEL/ALTERATION
<b>TYPE OF WIRING:</b> <input type="checkbox"/> OPEN WIRE <input type="checkbox"/> CONDUCTS <input type="checkbox"/> CABLE <input type="checkbox"/> CABLE <input type="checkbox"/> ARMORED CABLE <input type="checkbox"/> RACEWAYS <input type="checkbox"/> OTHERS _____

INSPECTED BY:	RECOMMENDING APPROVAL:	APPROVED BY:
_____ ELECTRICAL INSPECTOR (Signature Over Printed Name)	_____ ELECTRICAL ENGINEER OF THE BLDG. OFFICE (Signature Over Printed Name)	_____ BUILDING OFFICIAL (Signature Over Printed Name)
_____ PRC. REG. NO. & VALIDITY	_____ PRC. REG. NO. & AUTHORITY	
AMOUNT PAID: _____	O.R. NO. _____	DATE; _____