

FORM A – 56 (3) For work completed under Section 56 (3) of the Electrical Safety Act 2002.

Ergon Energy will rely on the information provided by the Electrical Mechanic on this form as being provided on behalf of the customer.

Office Use Only	
Service Order No	
NMI No.	
Date Received	



Request for Initial Connection, Metering Change or Service Alteration
Electricity Act and Electricity Regulation 2006 and Electrical Safety Act and Regulation 2002

Use BLOCK LETTERS and indicate in appropriate boxes eg with a cross X. Fields marked with * are mandatory

For Assistance see guidelines

Customer Details	Request Details
*Name (Business Trading Name if applicable):	*Date Work Ready for Connection / / Appointment required <input type="checkbox"/> Date: Time:
	Supply Connection: <input type="checkbox"/> O/H <input type="checkbox"/> U/G
*Customer's Retailer:	Property Pole: <input type="checkbox"/> Yes <input type="checkbox"/> No
*Address of Electrical Installation (Location of Job)	Meter Location: <input type="checkbox"/> Outdoor <input type="checkbox"/> Indoor
Unit /Shop No.: Lot No.: Plan No. (RP/SP):	Main Switchboard Location: <input type="checkbox"/> Outdoor <input type="checkbox"/> Indoor
Street No.: Street:	No. of Phases: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Locality: Postcode:	Existing Meter Number:
Other directions to assist in locating address	Distribution Services Fee Charge Customer <input type="checkbox"/> Charge Contractor <input type="checkbox"/>
Nearest Cross Street:	Other Request Comments
Other information:	
*Reason for Request	*Metering Required <input type="checkbox"/> HV <input type="checkbox"/> LV <input type="checkbox"/> Unmetered
Initial Connection <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary Builders Service	<input type="checkbox"/> Whole Current <input type="checkbox"/> CT <input type="checkbox"/> Photovoltaic
Meter Wiring changes <input type="checkbox"/> Reseal Meter <input type="checkbox"/> Meter Change <input type="checkbox"/> Additional	<input type="checkbox"/> Embedded (net) <input type="checkbox"/> Dedicated (gross)
Other <input type="checkbox"/> Service Upgrade <input type="checkbox"/> Point of Attachment Relocation	<input type="checkbox"/> Single Phase <input type="checkbox"/> Poly Phase CT Ratio
Customer's Mains Cable Size: mm ²	<input type="checkbox"/> Single rate <input type="checkbox"/> Two rate No of meters
Maximum Demand: Amps/Phase	<input type="checkbox"/> No Relay <input type="checkbox"/> 1 channel <input type="checkbox"/> 2 Channel <input type="checkbox"/> 3 Channel
Additional Information about request (eg Network availability, Pillar Uprate, additional phases required, indication if reseal of meter or relay only is required i.e. no other work carried out, etc)	Controlled Load - Off peak 8hrs <input type="checkbox"/> 18 hrs <input type="checkbox"/>
	Un-metered Load Type:
	Items being connected as Controlled Load
*Work Performed under Section 56 (3) (a) (1) of Electrical Safety Act 2002 and Tested By (please print details of Electrical Mechanic)	
Electrical Mechanic Name:	Address:
Electrical Workers Licence No.:	
Phone / Mobile No.: () Fax No.: ()	Relationship to owner/occupier:
Certification (by Person Authorised Under the Electrical Safety Act 2002 to Perform and Test the Electrical Work)	
I certify that I am authorised under the <i>Electrical Safety Act 2002</i> (Qld) to perform electrical work and to connect the electrical installation on which I have performed electrical work to a source of electricity.	
I also state that the electrical installation will be completed in accordance with the requirements of the <i>Electrical Safety Regulation 2002</i> (Qld), that tests will be carried out in the way required under part 8 of the <i>Electricity Safety Regulation 2002</i> (Qld) and that the electrical installation will be electrically safe and ready for connection by the date work ready for connection stated above.	
Note - If outgoing circuits are connected they must be tested.	
Signature	Date / /
Tariff type meter wiring installed	
<input type="checkbox"/> Domestic (11)	<input type="checkbox"/> Night rate - Super Economy (31)
<input type="checkbox"/> General Supply (20)	<input type="checkbox"/> Controlled Supply-Economy (33)
<input type="checkbox"/> General Supply (21)	<input type="checkbox"/> Non-domestic heating-Time of use (37)
<input type="checkbox"/> General Supply -Time of use (22)	<input type="checkbox"/> Demand LV - General supply (41)
<input type="checkbox"/> Demand LV - Time of use (43)	<input type="checkbox"/> Irrigation - Other (66)
<input type="checkbox"/> Demand HV - Time dependent (53)	<input type="checkbox"/> Other (Details to be provided below)
<input type="checkbox"/> Farm - time of use (62)	
<input type="checkbox"/> Irrigation - time of use (65)	

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Guidelines - Request for Initial Connection, Metering Change or Service Alteration

For work completed under Section 56 (3) of the Electrical Safety Act 2002

(i.e. Not as an electrical contractor)

Information and guidelines regarding completing Request for Initial Connection, Metering Change or Service Alteration Form

- This form is only to be used when the work has been completed by an electrical mechanic on their own installation or that of a close relative under Section 56 (3) of the Electrical Safety Act 2002. It is not to be used by an electrical contractor.
- Please use a black pen and print in legible block letters
- The following mandatory information must be provided:
 - (a) Sufficient detail to identify the customer and to locate the premises and metering position on site. Note – In the address section "Locality" heading refers to the city suburb, town, or local area in rural locations.
 - (b) Details of the connection and metering arrangements and/or requirements.
 - (c) Supply requirements (e.g. metering, No of Phases, etc) and network availability.
 - (d) Details of the Electrical Mechanic responsible for, and who tested the work. **Note – If outgoing circuits are connected they must have been tested.**
- If a specific appointment time is required on the date that the work is ready for connection, this needs to be arranged directly with the local depot, please indicate and Ergon Energy will contact you back to arrange a time - e.g. for a point of attachment change requiring electrical contractor to be on site.
- Unmetered connection of load will only be permitted where the load type meets the relevant legislation and rules. These loads must be miniscule in nature and have a predictable load pattern. Details are available from Ergon Energy.
- Service connection support brackets and steel service poles must have a minimum rating of 1kN for 25mm services or 3.5 kN for 50 and 95 mm services. Timber service poles must have a minimum rating of 5 kN. (Refer to Ergon Energy Customer Connection and Metering Manual).
- If sufficient information is not provided, the Form will be returned unactioned.
- Illegible and mutilated forms will not be accepted.
- Customer's retailer must be made aware of any alterations or additions.
- The Certification statement must be completed (Signed) by the Electrical Mechanic making the certification.

How to Lodge a Completed Form

This form should be delivered to or faxed to an authorised receiving Ergon Energy depot.

Enquiries

Ergon Energy

General Customer Service: New Applications, Point of Attachment Site Visits, Breaking Meter Seals – All Areas..... **13 10 46**

Faults: - All Areas **13 22 96**

Other Information

Notified Pricing Information can be found on the DME website <http://www.energy.qld.gov.au>

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