# Electrical affidavit – Restoration of electric service

## Property/Service site information

Owner/Customer: _____ Utility account/Service no.:_____

Service address:_____ Meter no.:_____

City: _____ State:_____ ZIP:_____ Date of service:_____

## Electrical contractor/Electrician

Company name:_____

Address:_____

Email:_____ Phone:_____

Electrician name:_____

Master electrician license no.:_____ State/Jurisdiction:_____ Expiration:_____

## Service and technical information

Service voltage:_____ ☐ Single phase ☐ Three phase

Service rating:_____ Service disconnect:_____

Main panel/Equipment:_____ Grounding electrode system: ☐ Verified

Grounding/Bonding: ☐ Verified Service upgrade performed:_____

## Inspection and testing

☐ Service equipment inspected ☐ Panelboards/disconnects inspected ☐ Conductors/terminations inspected

☐ Grounding/bonding verified ☐ Overcurrent protection verified ☐ No known condition exists that would make energizing the service unsafe

## Repairs or corrections performed

Was a service rewire/upgrade application submitted? ☐ Yes ☐ No

## Affidavit/Certification

I, the undersigned licensed Master Electrician, certify that I have inspected the electrical service and applicable electrical installation at the above property. To the best of my professional knowledge, the work identified above has been performed in accordance with applicable electrical codes, manufacturer requirements, and the requirements of the Authority Having Jurisdiction (AHJ). I further certify that, based on my inspection and testing, the electrical service is suitable for restoration of power and is not known to present an immediate electrical hazard under normal intended use.

Master electrician signature:_____ Date: _____

Printed name: _____ License no.:_____

Contractor/Company:_____

## AHJ/Utility use only (if applicable)

Approved by:_____ Date:_____

Comments:

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