TO BE ACCOMPLISHED BY THE STANDARDS & INSPECTION DIVISION:

Name of Firm: __________________________________________
Tel / Fax No. __________________________________________
Location of Electrical Installation: _________________________

A. Type of Service Load:

___Office Building  ___Sports Centre  ___Factory / Industrial Plant
___Institutional  ___Condominium  ___Others
___Building  ___Hospitals
___Hotel  ___Theatre
___Convention Centre  ___Electrical Plant/Substation

B. Generation/Substation Rated Capacity or Total Connected Load _______ KVA

C. Primary voltage supply: ___________ Volts, _________ Phase, __________ Hertz

D. Operation: (   ) Continuous (   ) Intermittent-2 shifts (   ) Intermittent-1 shift.

Documents submitted:
- SID-BEE-IS-04 (Duly notarized and signed by authorized official directly in charge of the operation of the electrical installation.)
- Affidavit/s of Electrical Engineers SID-BEE-AFF-01

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<th>NAME OF ELECTRICAL ENGINEER/S</th>
<th>PRC LICENSE NO.</th>
<th>EXPIRY DATE</th>
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Payment: P___________   O.R. No. ________________    Date _____________ Cash Section __________
Processed by: _________________________________      Verified by:______________________________
Remarks:  ______________________________________________________________________________

Reviewed by: ____________________________________________________________

OIC, Standards & Inspection Division

ACTION BY THE BOARD OF ELECTRICAL ENGINEERING

☐ Approved for Issuance of Certificate of Compliance
☐ For Ocular Inspection
☐ Disapproved
☐ Additional No. of EE’s required

________________________
Chairman
________________________
Member

Date: ______________________  Assigned Certificate No. ___________________