



Professional Regulation Commission

INFORMATION SHEET ON THE ELECTRICAL PERSONNEL OF FIRMS SUPPLYING OR USING ELECTRICAL POWER

Name of Firm: _____

Address of Head Office: _____

Location of Electrical Installation : _____

Tel / Fax No. _____ Email Address: _____

A. Type of Service or Load: ()Office Building ()Institutional ()Building ()Hotel ()Sports Centre ()Convention Centre ()Condominium ()Hospitals ()Theatre ()Electrical Plant/Substation ()Factory / Industrial Plant, if so, name the product line ()Others _____.

B. Generator/Substation Rated Capacity or Total Connected Load _____ KVA

C. Primary voltage supply: _____ Volts, _____ Phase, _____ Hertz

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

E. List of Licensed Electrical Practitioners: (Use additional sheets if required)

Table with 6 columns: NAME OF ELECTRICAL ENGINEER/S, COMPANY POSITION, PEE/REE/RME, PRC LICENSE NO., DATE REGISTERED, EXPIRY DATE

I, being the authorized official directly in charge of the operation of the electrical installation, certify that the information herein entered is correct.

Signature above printed name, Date, Post Office Address, Exact title or designation

CAUTION: All statements made in this Form are under oath and any false statement will render the affiant liable for prosecution for perjury.

SUBSCRIBED AND SWORN to before me this ___ day of ___ at ___ Affiant exhibiting to me his/her Community Tax Certificate No. ___ issued on ___ in ___.

NOTARY PUBLIC

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