

FORM A

Ergon Energy will rely on the information provided by the Electrical Contractor 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 1994, Electricity Regulation 2006, 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 8 hrs <input type="checkbox"/> 18 hrs <input type="checkbox"/>		
	Un-metered Load Type:		
	Items being connected as Controlled Load		
*Electrical Contractor (please print full details)	*Tested By (please print details of Electrical Mechanic)		
Name:	Name:		
Licence No.:	Licence No.:		
Phone / Mobile No.:() Fax No.: ()	Note – If outgoing circuits are connected they must be tested.		
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 perform 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"/> Demand LV - Time of use (43)	<input type="checkbox"/> Irrigation - Other (66)
<input type="checkbox"/> General Supply (20)	<input type="checkbox"/> Controlled Supply–Economy (33)	<input type="checkbox"/> Demand HV - Time dependent (53)	<input type="checkbox"/> Other (Details to be provided below)
<input type="checkbox"/> General Supply (21)	<input type="checkbox"/> Non-domestic heating–Time of use (37)	<input type="checkbox"/> Farm - time of use (62)	
<input type="checkbox"/> General Supply -Time of use (22)	<input type="checkbox"/> Demand LV - General supply (41)	<input type="checkbox"/> Irrigation - time of use (65)	



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

Information and guidelines regarding completing Request for Initial Connection, Metering Change or Service Alteration Form (Hard Copy aspects as indicated – all other requirements apply to both electronic and hard copy forms)

- Please use a black pen and print in legible block letters - Applies to hard copy only
- 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, customer/s mains, metering arrangements and/or requirements.
 - (c) Supply requirements (e.g. metering, No of Phases, etc) and network availability.
 - (d) Details of the Electrical Contractor responsible for the work.
 - (e) Details of the Electrical Mechanic 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, 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 Qualified Technical Person making the certification - Applies to hard copy only. (Qualified Technical Person/s are those endorsed on the Contractors Licence)

How to Lodge a Completed Form

This form should be delivered to or faxed to an authorised receiving Ergon Energy depot, or completed and lodged electronically via the Ergon Energy website <http://www.ergon.com.au>

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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