



<b>Submit to ENERGEX Supervisor Officer</b>		
Date Received	/	/

## Contractor Application for Switching or Energising

**To be completed by the Contractor**

Project Number \_\_\_\_\_

Project Description \_\_\_\_\_

\_\_\_\_\_

Works to be Performed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Select Applicable (HV & LV to be submitted separately)	<input type="checkbox"/> Alterations to High Voltage	<input type="checkbox"/> Commissioning new High Voltage
	<input type="checkbox"/> High Voltage isolation for work on Low Voltage	<input type="checkbox"/> Commissioning new Low Voltage
	<input type="checkbox"/> Changes to existing Low Voltage Network	

Date Switching Required      /      /      Customer Interruptions Required?       Yes       No

Access Time (Issue of Access Permits for HV or period for LV work)

From (Issue)      /      /      am/pm      To (Surrender)      /      /      am/pm

Advertised Outage Time      From      :      am/pm      To      :      am/pm

Estimated time for work to be completed      hour(s)

Work Crews / Staff numbers to be used      /

Name of Recipient for Access Permit (if required)

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contractor's Name (please print)

Contractor's Representative (please print)

Telephone Number      Facsimile Number

Signature      Date      /      /

**To be completed by the Consultant (SSA Projects Only)**

Consultant's Name (please print)

Consultant's Representative (please print)

Telephone Number      Facsimile Number

Signature      Date      /      /

**To be Completed by ENERGEX**

Switching Date approved and logged?       Yes       No

Remarks \_\_\_\_\_

\_\_\_\_\_

ENERGEX Supervising Officer Name (please print)

Telephone Number      Facsimile Number

Signature      Date      /      /