



<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 / /