**Inspection request form for electrical appliance (SPE-1000)**

**As per the Standard Council of Canada accreditation program for Inspection Body**

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| **Submitor/Applicant** |
| Company : | Contact: |
| Address : | City : |
| Province : | P.C.: |
| Email : | Tel. / Cell. : |
| **Technical expert (if different from submitor)** |
| Company : | Contact : |
| Email : | Tel. / Cell. : |
| **Billing address (if different) / No third party billing allowed** |
| Company : | Contact: |
| Address : | City : |
| Province : | P.C.: |
| Email : | Tel. / Cell. : |
| **Place of inspection** |
| Company : | Contact: |
| Address : | City : |
| Province : | P.C.: |
| Email : | Tel. / Cell. : |

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| **Information on Appliance installation** |
| Manufacturer : | Model : | Serial : |
|  |  |  |
|  |  |  |
| Power (Watts):\_\_\_\_\_\_\_\_\_ Vac/dc :\_\_\_\_\_\_\_\_\_ Hertz :\_\_\_\_\_\_\_\_\_ Amp.:\_\_\_\_\_\_\_\_\_ |
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|  |
| Is the appliance to be located in a Hazardous location? : |
| Indoor / outdoor installation? : |
| Prefered inspection date : |
| **Fonction / Appliance description :** |
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| **Provide a copy of** **:** |
| Rating plate information: |  |
| Electrical Power and control Schematics  : |  |
| Bill of material with cross references to the schematics (manufacturer, model, certifications, characteristics et adjustments) : |  |
| Operation manual, maintenance manual, etc.. : |  |
| Picture or any additional supporting documentation: |  |

**Application by an authorized representative of the applicant:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please send the fully completed and signed form with the relevant documents to:**

info@CGApprobation.com