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BUILDING DEPARTMENT CONTRACTOR CERTIFICATION ELECTRICAL INSTALLATIONS

(PLEASE PRINT CLEARLY)

SITE ADDRESS:

BUILDING PERMIT NO:

 -

ELECTRICAL CONTRACTOR:
(BUSINESS NAME)

DISTRICT OF KENT
BUSINESS LICENCE
NUMBER

	EXPIRY DATE:
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BUSINESS ADDRESS:
(ALSO PROVIDE MAILING
ADDRESS IF DIFFERENT)

OFFICE PHONE #:	CELL PHONE #:	FAX #:	OTHER #:
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NAME OF ELECTRICIAN	
TQ NUMBER	
PROVINCIAL ELECTRICAL SAFETY BRANCH PERMIT #:	
SIGNATURE:	
DATE:	

THIS FORM MUST BE SUBMITTED TO THE BUILDING DEPARTMENT AT THE DISTRICT OF KENT
PRIOR TO FRAMING INSPECTION(S) APPROVAL AND PERMISSION TO COVER BY
THE DISTRICT OF KENT BUILDING INSPECTOR