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## BUILDING DEPARTMENT CONTRACTOR CERTIFICATION ELECTRICAL INSTALLATIONS

(PLEASE PRINT CLEARLY)

SITE ADDRESS:

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BUILDING PERMIT NO:

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ELECTRICAL CONTRACTOR:  
 (BUSINESS NAME)

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DISTRICT OF KENT  
 BUSINESS LICENCE  
 NUMBER

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

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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