

WIRING AFFIDAVIT/CERTIFICATE OF ELECTRIC INSPECTION

This certificate is required for all electrical services that Pierce Pepin Cooperative Services energizes.

Member Name: _____ Owner of Premise: _____

Service Address: _____

City: _____ State: _____ Zip: _____

County: _____ Township: _____

Electrical Contractor: _____ Address: _____

(Please print)

I certify that this information is correct. I hereby understand and acknowledge that if Pierce Pepin Cooperative Services must make a return trip to the above location because of either an error or omission on this certificate, or to disconnect this service due to a code violation as determined by the electrical inspector, I will be responsible for any charges Pierce Pepin Cooperative Services incurs for their services.

Owner's Signature _____

The electrician being first duly sworn on oath says the following wiring for electricity was done:

Type of service (check appropriate boxes - if seasonal property, please check "other" and enter "seasonal").

☐ Residence	☐ (Temp.) Service	☐ 1-Phase service entrance	_____AMPS	_____VOLTS
☐ Farm	☐ Center Yd. Pole	☐ 3-Phase service entrance	_____AMPS	_____VOLTS
☐ Commercial	☐ Permanent	☐ Rewire/Upgrade	_____AMPS	_____VOLTS
☐ Swing to Perm.	☐ Overhead	☐ Underground	☐ Other: _____	
System Size: _____ kW	Wind	Photo Voltaic	Digester	

Valid Contractor's License # _____

Licensed Electrical Contractor Signature _____

Master Electrician License # _____

Master Electrician Signature _____

On the premises described above and in doing said wiring the electrician complied with the provisions of the Wisconsin State Electrical Code, the National Electrical Code(NEC), Wisconsin Administrative Code, and the service rules of Pierce Pepin Cooperative Services. Prior to energizing the above service, this form must be signed by the electrician/electrical inspector and returned to Pierce Pepin Cooperative Services.

Inspector Use Only

WI UDC Certified Inspector #: _____

Date Approved: _____

Electrical Inspector (please print): _____

Electrical Inspector Signature: _____

Office Use Only

PPCS Acct. #: _____

PPCS Location #: _____

Work Order Number: _____

Perm. Service Connect Date: _____

Date UDC Certificate Received: _____

By PPCS: _____