

Inspection Company Request Form

ABN		
Inspection Company Name:		
Address:		
Suburb:		
State:		Postcode:
Business Postal Address	Same as above	
Address:		
Suburb:		
State:		Postcode:
Contact details		
Business email address		
Phone : Office		Mobile
Inspection company Manager		
First name		Surname
Email (ESVConnect User ID)		
Electrical Inspector Licence number		, or
Electrical worker Licence number		

I hereby provide consent for my Inspection Company to be added to ESVConnect in order for my inspection company/business to be able to be allocated inspections via ESVConnect and approve the publication of my Inspection Company details to the ESV website.

Signature:

The details on this form will be used to automatically notify you of requests for inspection.

Once loaded to the ESV system, your inspection company/business will automatically appear on the list of Inspection Companies in ESVConnect for inspection allocation.

Return this form to; _____ or _____

COES DEPARTMENT ENERGY SAFE VICTORIA P O BOX 262, COLLINS STREET WEST VIC 8007	Email a copy of the form to: coes@energysafe.vic.gov.au
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Energy Safe Office use only

Inspection company created _____ Date _____
 Application scanned and added to new IC _____