



Application for Inspection of the Wiring of Signs & Outline Lighting Installations

(Includes Skeletal Neon, Outline Lighting, and Signs with Remote Transformers or Ballasts)

Electricity Act, 1998, Ontario Electrical Safety Code, O. Reg. 164/99 as amended, Rule 2-004

Customer Status of Inspection (Check One)	
Final Ready Now	<input type="checkbox"/>
Will Be Ready for Final on (Date)	<input type="checkbox"/> _____
Will Notify	<input type="checkbox"/>

Office Use Only	W.O.
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Applicant Information

Name:	Telephone:
Address (street/city):	Mobile:
Postal Code:	Email:
	Fax:

Site Information (if necessary, please indicate location with a diagram on a separate sheet)

Site Name:			
Site Installation / Location: (Number and Street, Rural Route – Lot and Concession #, Reg. Plan# Twp., or Emergency #)			
City/Town:	Township/RMN <small>*Regional municipal name</small>	Project # / Unit #	Postal Code:
Site Contact:	Pager #	Telephone:	

Customer Payment Method

> ESA Charge Account #: _____
 > Cheque payable to ESA Cheque # _____
 > Visa Mastercard Amex Card #: _____ Expiry: _____
 Cardholder Name: _____ Authorization #: _____

Items	Total # of Signs	Total # of Transformers or Ballasts	Fee						
Signs with Remote Transformers or Ballasts (Check One) (SAP C057) <input type="checkbox"/> Skeletal Neon <input type="checkbox"/> Neon Channel Letter/Box <input type="checkbox"/> Florescent Channel Letter/Box									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%; border-bottom: 1px solid black;">Sign 1 - # tfx/ballasts</td> <td style="width: 16.6%; border-bottom: 1px solid black;">Sign 2 - # tfx/ballasts</td> <td style="width: 16.6%; border-bottom: 1px solid black;">Sign 3 - # tfx/ballasts</td> <td style="width: 16.6%; border-bottom: 1px solid black;">Sign 4 - # tfx/ballasts</td> <td style="width: 16.6%; border-bottom: 1px solid black;">Sign 5 - # tfx/ballasts</td> <td style="width: 16.6%; border-bottom: 1px solid black;">Sign 6 - # tfx/ballasts</td> </tr> </table>	Sign 1 - # tfx/ballasts	Sign 2 - # tfx/ballasts	Sign 3 - # tfx/ballasts	Sign 4 - # tfx/ballasts	Sign 5 - # tfx/ballasts	Sign 6 - # tfx/ballasts			
Sign 1 - # tfx/ballasts	Sign 2 - # tfx/ballasts	Sign 3 - # tfx/ballasts	Sign 4 - # tfx/ballasts	Sign 5 - # tfx/ballasts	Sign 6 - # tfx/ballasts				
Outline Lighting with Remote Transformers or Ballasts (Check One) <input type="checkbox"/> Neon <input type="checkbox"/> Florescent (SAP C058)									

<input type="checkbox"/> Wiring of Power To Signs, Transformers or Ballasts	Number of Units _____
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Note: **Wiring of Power To Sign** is the wiring from the customer's distribution panel to the sign, sometimes referred to as primary wiring.

	Fee Estimate incl HST
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Comments _____

Signature: _____ Date: _____

By submitting personal information to the Electrical Safety Authority, or its agents and service providers, you agree that ESA may collect, use and disclose such personal information in accordance with its privacy policy, applicable laws or pursuant to our administrative agreement with the Province of Ontario. If you provide us with the personal information on behalf of another individual, you represent that you have all necessary authority and/or have obtained all necessary consents from such individual to enable us to collect, use and disclose such personal information for the purposes set forth in our Privacy Policy. A copy of our policy is located on our website at www.esasafe.com