

Central Wisconsin Electric Cooperative Wiring Certificate

State of Wisconsin, County of _____
Customer's Name: _____ Map Location: _____
Owner's Name (if different): _____ Permit # (if available): _____
Service Address: _____
City/Town/Village: _____
Electrician's Name: _____
Electrician's Phone Nbr: _____ Cell Nbr: _____

Type of Service:

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Temporary Service | <input type="checkbox"/> Overhead Service |
| <input type="checkbox"/> Farm | <input type="checkbox"/> Permanent Service | <input type="checkbox"/> Underground Service |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Rewire/Upgrade | |

Phases: _____ Amps: _____ Volts: _____

Remarks: _____

This is to certify that the above service is compliant with the Wisconsin State Electrical Code.

For Proof of Compliance:

Electrician's Signature: _____

Electrician's License Nbr: _____

Exemption Nbr: _____ Date: _____