

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 _____

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

ESV Office Use Only

Inspection Company created
Scanned copy of application added to new IC