

MPRN: _____
 MWSO: _____
 Date of appointment: _____

Application for connection of an electrical installation (please complete in block capitals)

Section 1: Customer correspondence details

Job reference number: _____
 MPRN (Meter Point Reference Number): _____
 Customer Name: _____
 Site Address: _____
 (The address where connection is required)
 Telephone/Mobile: _____ Postcode: _____
 Contact name / number to arrange access: _____

*Date required (DD/MM/YYYY)

___ / ___ / ___

* We will need at least 2 days notice for domestic connections and 4 days for a commercial connections

Section 2: Electrical installation details

Please complete each box as appropriate:

Type of Premises	
Domestic	
Commercial	
Industrial	
Farm	

Installation Type	
New install	
Rewiring	
Extension	
Alterations	

System Classification	
TN-C-S	
TN-S	
TT	

Supply Required	
Permanent	
Temporary	

Protective Device	
Residual Current Device (RCD) fitted	
Residual Current Breaker with Overcurrent (RCBO) fitted	

All loadings should be numeric values.

Connected load	Total KW	No of Phases
Lighting		One / Three
Cooking		One / Three
Water heating		One / Three
Shower unit		One / Three
Electric heating (normal)		One / Three
Electric heating (storage)		One / Three
Motors		One / Three
Welders		One / Three
Other		One / Three
Geo thermal heating		One / Three
Renewable energy		One / Three
*		

*Please specify renewable energy type e.g. GSHP, wind
 Maximum Import Capacity (MIC) _____ KVA
 Maximum Export Capacity (MEC) _____ KVA

Section 3: Electrical Contractor

I hereby undertake to pay on demand the fee specified by Northern Ireland Electricity Networks Limited for each additional visit which may be necessary due to non-compliance of the premises with the 18th edition of the Regulations for Electrical Installations BS7671 (the Regulations) where compliance is required by Northern Ireland Electricity Networks Limited in pursuance of regulations made under or having effect by virtue of the Electricity (Northern Ireland) Order 1992.
 I certify that I am competent to carry out the inspection and testing required by the Regulations and at the time of my test the electrical installation at the address given complied with the provision of the Regulations.

Installation tests completion date (DD/MM/YYYY): ___ / ___ / ___
 Signature: _____ Date: _____
 Telephone/Mobile: _____

For and on behalf of (Name of Contractor): _____
 Address: _____
 Telephone/Mobile: _____

Please send completed Connection Cards to NIE Networks, connectioncard@nienetworks.co.uk or by post to, SRU Metering, Pennybridge Industrial Estate, Ballymena, BT42 3HB. Incomplete or illegible cards may be returned so it's advisable to complete in block capitals.