

TSA-5R



Republic of the Philippines
Department of Labor and Employment
Regional Office No. _____

APPLICATION FOR ELECTRICAL WIRING INSTALLATION

Permanent () Temporary ()

Request is hereby made by the undersigned for a permit to install the electrical wiring and requirements enumerated in the premises;

1. Name of Establishment: _____

2. Location of the Installation: _____

3. Nature of Work or Process: _____

4. Type of Service:
Service Voltage: _____ No. of Phase: _____ No. of Sets: _____ Size & Type of Wires: _____

5. Electrical loads, equipment/poles installed:
a. Total Connected Load (KVA) _____
b. No. of pole(s) within the premises: _____
c. No. of guying attachment: _____
d. Total Capacity of Transformer, Uninterrupted Power Supply and Generator (KVA) _____
which are installed/owned by the owner/applicant.
e. Total Electric Meter _____

6. Type of Occupancy: Industrial () Commercial () Residential () Others (specify) : _____

7. Methods of Wiring: _____

8. Kind of Installation : New () Existing () Remodel () Additional () Others (specify) : _____

9. Professional Electrical Engineer who signed and sealed plans and specifications:
Name: _____ PRC Reg. No. _____ Validity Date: _____
Address: _____
PTR No. _____ Date Issued: _____ Place Issued: _____

Signature: _____ TIN No.: _____

10. Person in-charge/to supervise of installation:
Name: _____ PRC Reg. No. _____ Validity Date: _____
Address: _____
PTR No. _____ Date Issued: _____ Place Issued: _____

Signature: _____ TIN No.: _____

11. Electrical plan and specifications submitted:
No. of sets: _____ No. of sheets per set: _____

12. Company's Tax Identification Number _____
Remarks: _____

TO BE FILLED UP WHEN CONTRACTOR IS HIRED
With my consent and authority for the contractor whose
Signature appears here under to act for and in my behalf
WHEN THERE IS NO CONTRACTOR

Signature over Printed Name of Owner/Representative

Signature over Printed Name of Owner/Representative

Address of Office/Residence

Address of Office/Residence

Signature over Printed Name of Contractor

PCAB License Number (for load with 200 A & above)

EEDL NO. _____

PLAN FEE : _____

DATE RECEIVED: _____

OFFICIAL RECEIPT NO.: _____

RECEIVED BY : _____

DATE OF PAYMENT: _____