




Oakdale Electric Cooperative

Your Touchstone Energy® Partner 

Return to: P.O. Box 40
Oakdale, WI 54649-0040
or
engineering@oakdalerec.com
608-372-4131
800-241-2468
www.oakdalerec.com

CERTIFICATE OF ELECTRIC INSPECTION

This certificate is required for new electrical services that Oakdale Electric Cooperative energizes.

Member Name: _____ Owner of Premise: _____

Service Address: _____

City: _____ State: _____ Zip: _____

County: _____ Township: _____

Electrician or Contractor Name: _____ Address: _____

Contractor's License #: _____ Electrician License #: _____

The electrician being first duly sworn on oath says the following wiring for electricity was done:

Type of service (check appropriate boxes):

- | | | | | |
|---------------------------------------|--|--|--------------------------------------|-------------|
| <input type="checkbox"/> Residence | <input type="checkbox"/> (Temp.) Service | <input type="checkbox"/> 1-Phase service | _____ AMPS | _____ VOLTS |
| <input type="checkbox"/> Farm | <input type="checkbox"/> Permanent | <input type="checkbox"/> 3-Phase service | _____ AMPS | _____ VOLTS |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Rewire/Upgrade | <input type="checkbox"/> Overhead | <input type="checkbox"/> Underground | |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Wind | <input type="checkbox"/> Photo Voltaic | <input type="checkbox"/> Digester | |

On the premises described above and in doing said wiring the electrician complied with the provisions of the Wisconsin State Electrical Code, the National Electrical Code (NEC), Wisconsin Administrative Code Sec. 16.950, and the service rules of Oakdale Electric Cooperative. Prior to energizing the above service, this form must be signed by the electrical inspector (Section 101.862 WIS. Statutes) and returned to Oakdale Electric Cooperative. (Section 101.865 WIS. Statutes)

Inspector Use Only

Certified Inspector #: _____

Commercial Inspector UDC Inspector

Date Approved: _____

Electrical Inspector: _____

Electrical Inspector Signature: _____

Office Use Only

OEC Location #: _____

Work Order Number: _____

Date Certificate Received: _____

Received By: _____