



**JACKSONELECTRIC  
COOPERATIVE**



Your Touchstone Energy® Cooperative 

# WIRING AFFIDAVIT/ CERTIFICATE OF ELECTRICAL INSPECTION

Before electricity may be furnished, this certificate must be completed and returned to Jackson Electric Cooperative.

MEMBER INFORMATION	
Name:	Member Number:
Address:	
Phone Number:	Location Number:

SERVICE TYPE				
<input type="checkbox"/> Residential	<input type="checkbox"/> New Service	<input type="checkbox"/> Overhead	SIZE:	PHASE:
<input type="checkbox"/> Commercial	<input type="checkbox"/> Permanent	<input type="checkbox"/> Underground	amps	<input type="checkbox"/> one
<input type="checkbox"/> Farm	<input type="checkbox"/> Temporary	<input type="checkbox"/> Meter Install Only	volts	<input type="checkbox"/> three
	<input type="checkbox"/> Rewire			
<input type="checkbox"/> Other:				

ELECTRICIAN INFORMATION	
Name:	License Number:
Address:	
Phone Number:	
I certify that I have completed the wiring for electricity at the premise listed above. This wiring complies with the provisions of the Wisconsin State Electrical Code.	
Signature of Electrician: _____ Date: _____	
<input type="checkbox"/> This electrical service installation is exempt from UDC inspection.	

INSPECTOR INFORMATION	
Name:	Credential Number:
Phone Number:	Inspection Date:
This is to certify that I have examined the electrical service installed by the electrician named above and it is in compliance with the statutes and the rules and regulations prescribed by the state electrical code.	
Signature of Inspector: _____ Date: _____	

Please mail this form to:

JACKSON ELECTRIC COOPERATIVE • N6868 County Road F • Black River Falls, WI 54615  
715.284.5385 • 800.370.4607

Jackson Electric Cooperative is an equal opportunity provider and employer.