



400 Sheldon Drive, Unit 1  
Cambridge, Ontario, N1T 2H9

Phone: 1-877-ESA-SAFE (372-7233)  
esa.Cambridge@electricalsafety.on.ca

### Wiring of Signs & Outline Lighting Installations

Includes Skeletal Neon Lighting, and Signs with Remote Transformer or Ballasts  
Electricity Act, 1998, OESC, O. Reg.164/99 as amended, Rule 2-004

Date _____ ESA Account # _____ ECRA/ESA Licence # _____	<input type="checkbox"/> I confirm that the information provided in this form is true, complete and accurate Name: _____ Signature: _____					
Payment Method		Ready for:				
<input type="checkbox"/> Charge to ESA Account  <input type="checkbox"/> Cheque / Money Order <small>Call 1-877-372-7233 to discuss fees; attach the cheque / money order to the completed form and mail to the address noted above.</small>	<b>Credit Card</b> <input type="checkbox"/> ESA account customer - provide the last 4 digits of the card saved on file with ESA _____  <input type="checkbox"/> One-time / non-account customer - <b>DO NOT</b> submit this form to pay by credit card. To comply with Credit Card Payment security requirements, you must file your notification with ESA by phone; please call 877-ESA-SAFE (372-7233), Mon-Fri 7:00AM-4:30PM. Your inspection may be delayed if you submit this form with a credit card payment.	<input type="checkbox"/> Will Notify <input type="checkbox"/> *Rough In <input type="checkbox"/> *Trench <input type="checkbox"/> *Final				
Applicant Information - please provide a complete mailing address		*Ready date:				
Name: _____ Address: _____ Unit/Suite: _____ City: _____ Prov/State: _____ Country: _____ Phone: _____ Email: _____ Fax: _____		<b>PO/Job #</b>				
Site Information						
Site Name: _____ Civic #: _____ Street: _____ <small>If street is a numbered Regional Road, County Rd, Hwy - note the alternate street name (if appl): _____</small> City/Town: _____ Twp/Region _____ Other _____						
Main Intersection _____		Water Travel Required? <input type="checkbox"/> Yes				
Work Contact (applicant's representative) - this notification will be returned if a Work Contact name & cell phone / email address are not provided						
First & Last Name _____ Cell Ph _____ Email _____						
Work Items						
<b>Signs with Remote Transformers or Ballasts (Check One)</b> <span style="float: right;">(C057)</span>					<b>Total # of Signs</b>	<b>Total # of Transformers or Ballasts</b>
<input type="checkbox"/> Skeletal Neon <input type="checkbox"/> Neon Channel Letter/Box <input type="checkbox"/> Florescent Channel Letter/Box						
Sign 1 - # of Transformers or Ballasts	Sign 2 - # of Transformers or Ballasts	Sign 3 - # of Transformers or Ballasts	Sign 4 - # of Transformers or Ballasts	Sign 5 - # of Transformers or Ballasts	Sign 6 - # of Transformers or Ballasts	
<b>Outline Lighting with Remote Transformers or Ballasts (Check One)</b> <span style="float: right;">(C058)</span>					<b>Total # of Transformers or Ballasts</b>	
<input type="checkbox"/> Skeletal Neon <input type="checkbox"/> Florescent						
<input type="checkbox"/> Wiring of Power To Signs, Transformers or Ballasts             Number of Units _____						
Note: <b>Wiring of Power To Sign</b> is the wiring from distribution panel to the sign, can be referred to as primary wiring.						
Comments / Driving Directions / Work Locations						
<small>By submitting personal information to the Electrical Safety Authority, or its agents and service providers, you agree that ESA may collect, use and disclose such personal information in accordance with its privacy policy, applicable laws or pursuant to our administrative agreement with the Province of Ontario. If you provide us with the personal information on behalf of another individual, you represent that you have all necessary authority and/or have obtained all necessary consents from such individual to enable us to collect, use and disclose such personal information for the purposes set forth in our Privacy Policy. A copy of our policy is located on our website at www.esasafe.com</small>						