

Application for Service



Note: This is **not** an application for electricity. Allow five working days (from receipt of the completed form by Firstlight Network) for processing for a standard application. Applications are valid for a period of **six months** from the date of approval.

	File Reference AFS
	Reference

172 Carnarvon Street
 PO Box 1048
 Gisborne 4040
 Tel 06 869 0700
 Fax 06 867 8563
 info@firstlightnetwork.co.nz
firstlightnetwork.co.nz

SERVICE OWNER TO COMPLETE THIS SECTION

Connection Details

Surname			
First name/s			
Business name			
Phone Home			
Phone Work			
House No		Rapid No	
Address			
Suburb			
City/Town		Post Code	
Energy Retailer			
Date required	/	/	
Connection type			

Billing Details

Please fill in this section if the address where correspondence or accounts are to be sent is different to the Applicant's connection details.

House No		Rapid No	
Street name			
Suburb			
PO Box			
City/Town			
Post-code			

Domestic Non-domestic

Tariff definitions and connection of supply are available on Firstlight Network's website; <http://www.firstlightnetwork.co.nz/tell-me-about/firstlight-network/regulatory-information/> and follow the links > Line Charges.

I accept and agree to the terms and conditions of connection described in Firstlight Network's Connection Standards.

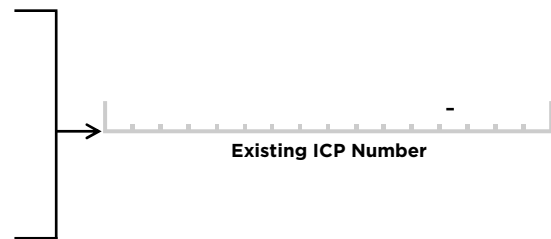
Applicant signature		Date	/	/	
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Please refer **all enquiries** regarding this connection to your electrician and/or nominated Network approved connection contractor.

ELECTRICIAN TO COMPLETE THIS SECTION

Application type

New Connection:		
Change to connection:	a O/H to U/G conversion	
	b Service main change	
	c Amalgamation	
Change to load:	a Increase (≥ 5 kVA)	
	b Decrease	
Change to street lighting:		



Service details

Overhead Length (m) Underground Core Size (mm) Number of phases Fuse size (Amps)

Conductor of Cu Al

	No of	kW load	Starting Method
Motors - 3ph			
Motors - 3ph			

	Control			
	No of	kW load	Load	Use gas
Water cylinder				
Range				
Air cond/Heat pump				
Other load				

ELECTRICIAN TO COMPLETE THIS SECTION

Site Plan Show site boundaries, dimensions, meter location, position of nearest pole or disconnection box, proposed cable route, demarcation point and any thrusting. Where a pole or disconnection box is indicated, provide the pole or disconnection box number. Any application received without a nominated point of connection will be returned to the Network Approved Contractor.

	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Point of connection Asset Id</td> <td style="width: 20%;"></td> </tr> </table>	Point of connection Asset Id	
Point of connection Asset Id			

Electrician

Name	
Company	
Phone No	

EWRB Registration No	
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I declare that the distributed generation installed will comply with the relevant industry regulations and standards including but not limited to Electricity Regulations 2010, AS/NZS 3000 2007 and where applicable AS NZS 4777.

Electrician signature	Date / /
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Network approved connection contractor

Name		Required	Yes/No	OK	Yes/No
Company		Transformer no			

I certify that this application conforms with Firstlight Network design requirements and does not exceed approved loading on the network.

Signature of network contractor	Date / /
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Firstlight Network Ltd Processing

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