

# 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.

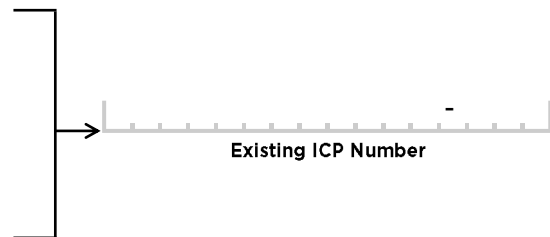
Applicant signature		Date	/ /
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Please refer **all enquiries** regarding this connection to your electrician and/or nominated Network approved connection contractor.

## 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 ( $\geq 5$ kVA)
	b Decrease
Change to street lighting:	



### Service details

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

Conductor  of   Type  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	
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**Electrician**

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Name											
Company											
Email											
EWRB Reg No											
Phone No											

I declare that the installation will comply with the relevant industry regulations and standards including but not limited to Electricity Regulations 2010, AS/NZS 3000 2018 and where applicable AS NZS 4777.

Electrician signature	Date      /      /
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**Network approved connection contractor**

	Voltage Flicker Calculations							
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Name								
Company								
	Transformer no							

I certify that this application conforms with Firstlight Network designs and connection standard requirements and is also installed to the specifications as stated within the approval forms.

Signature of network contractor	Date      /      /
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**Firstlight Network Ltd Processing**

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\*GST Exclusive