

CERTIFICATE OF: (Please mark relevant check-box)		OE:	TESTING AND COMPLIANCE (Electrical installations) Issued in accordance with s227 of the Electrical Safety Regulation 2013		
		_	✓ TESTING AND SAF Issued in accordance with s26 of the Electrica		Electrical equipment
* Work perf	ormed for:				
* Name		Merinda	Lee		
	Title	Given name/s	Surname		
* Address	307/22-2	4 Ben Lex	cen Pl		
	Street				
	Robina		4226		
	Suburb/town			Postcode	
* Electrical installation / equipment tested (please include site address for electrical installation work if different from above):					
standards as outlined below. » AS/NZS 3000:2018 » Fire and Emergency Services Act 1990 » Building Fire Safety Regulation 2008 » Building Regulation 2006 » Australian Standard (AS) 3786-2014 » Land Title Act 1994 » https://www.qfes.qld.gov.au/sites/default/files/2021-04/New-Smoke-Alarm-Legislation.pdf					
* Date of test 02 / 06 / 2025 * Electrical contractor licence number 88089					
Name on contractor licence Mitchell Plasto					
Electrical contractor phone number 0406 907 691					
affected baccordan	by the election of the contract of the contrac	ctrical work, e requireme	his certifies that the electrical in has been tested to ensure that into the wiring rules and any of 2013 to the electrical installation.	it is electrically ther standard a	safe and is in
		oment, this k, is electric	certifies that the electrical equipm cally safe.	ent, to the exte	nt it is affected
Name	IVIILOTIC	Il Plasto ho performed, or p	person who is responsible for, the electrical work		
Signature	MAt	chell Pl	lasto	Date 02 /	06 / 2025

* Indicates a mandatory field