



# REQUEST TO PERFORM ELECTRICAL PRODUCT FIELD EVALUATION

For Department Use Only:  
 Project ID #: \_\_\_\_\_

<b>Testing Lab Performing Field Evaluation</b>			
Company Name:		Contact Person:	
Address:		Reference #:	
City:	State:	ZIP + 4:	
Phone Number:		Fax Number:	

<b>Customer Requesting Field Evaluation</b>			
Name:			
Address:			
City:	State:	Zip + 4:	
Phone Number:		Fax Number:	

<b>Job Site/Equipment Location</b>			
Facility Name:			
Street Address:		Building/Column #:	
City:	State:	Zip + 4:	

<b>Product Information</b>			
Equipment Manufacture's Name:			
Equipment Serial Number:		Component Model Number:	
Voltage and Ampere Ratings:			
Hazardous Location: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Detailed description and purpose of electrical equipment or components being evaluated:			
Standards used for evaluating this product:			

For Department Use Only:  
 Project ID #: \_\_\_\_\_

The approval of this request to perform field evaluation(s) as listed above, will depend upon the submitter meeting the all requirements of RCW 19.28.

**All requests for field evaluation services must be submitted to the department in writing at least 2 days (48 hours) prior to the project inspection date.** The product evaluation process may not begin until approval is granted by the State of Washington.

All certified product evaluations must result in a Field Evaluation Label being placed on the equipment receiving the review. Copies of the final report must be provided to the Chief Electrical Inspector, Electrical Field Supervisor/Local Jurisdiction Electrical Inspector for the area where the equipment will be installed, and the client requesting the review.

If you have any questions regarding this application or need additional information please direct your inquires to the Chief Electrical Inspectors Office.

Date of Request:	<b>For Department Use Only</b>
Requester's Signature:	Date of Approval:
Print Name:	Signature of Chief Electrical Inspector or Designee
Title:	Local Electrical Supervisor Name:
Company Name:	Office of inspection:
Phone Number:	Telephone Number:
Fax Number:	Fax Number: