

SIERRA ELECTRIC COOPERATIVE, INC.
ORIGINAL FORM NO. 20

STATEMENT OF FACT

FILED IN OFFICE OF

NOV 15 2018

NM PUBLIC REGULATION COMM
RECORDS MANAGEMENT BUREAU

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Attached is the Statement of Fact.

ADVICE NOTICE NO. 67



Denise K. Barrera
General Manager

EFFECTIVE

DEC 15 2018

REPLACED BY NMPRC

BY Rule 210

STATEMENT OF FACT**CONTRACTOR CERTIFICATE**

Owner/Business Name: _____

Site Address: _____

Phone Number: _____

Describe type of service: _____

I hereby certify and affirm I am duly licensed by the State of New Mexico to perform electrical work in New Mexico. I further certify and affirm all work has been performed and verified by me, to conform with all current codes, standards and utility guidelines, adopted by the State of New Mexico, the local jurisdictional authority, the National Electric Code, the National Electric Safety Code and the Cooperative. I understand and acknowledge that if the installation is determined to be noncompliant, the electric service may be denied and or disconnected by the Cooperative, or upon notification, I will bring the installation into immediate compliance. I acknowledge I am assuming liability for the installation and its compliance with adopted codes and standards.

Print Name of Electrical Contractor _____

Signature of Electrical Contractor _____

New Mexico License # _____

Contractor Phone #: _____ Date: _____

CERTIFICATION OF INSPECTION

I hereby certify and affirm I am a national qualified inspector by the International Code Council, or such other certification entity recognized by the Cooperative. I further affirm the installation performed at the above-described premise is in compliance with all applicable codes, safety standards and utility guidelines adopted by the State of New Mexico, the local jurisdictional authority, the National Electric Code, the National Electrical Safety Code and the Cooperative, whichever has authority and is stricter. I certify the installation described above is now ready for connection.

☐ I am not the contractor who performed the electrical work on this facility

Print Name of Electrical Inspector _____

Signature of Electrical Inspector _____

License # _____

Inspector Phone #: _____ Date: _____