



Direktoratet for
samfunnsikkerhet
og beredskap

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Notification of work in accordance with the
Regulation regarding Maritime Electrical
Installation § 8

Send to:

The Directorate for Civil Protection and Emergency Planning - Region

<Choose Region>

Address:

Reference:

ELECTRICAL CONTRACTOR

Company:

Address:

Phone:

Fax:

Email:

Business reg. no.: (if applicable)

In event of subcontractors enclose overview of areas in question.

SHIP OWNER

Name:

Address:

Phone:

Fax:

Email:

Business reg. no.:

SHIPYARD

Name:

Address:

Phone:

Fax:

Email:

Business reg. no.: (if applicable)

ELECTRICAL INSTALLATION

Notification applies to: New installation: Expansion: Modification:

Hull no: _____ Type of vessel: _____

Shipyard: _____

Name of ship: _____ Signal letters/numbers: _____

Size: (length or gross tonnage) _____

Generator rated power: _____

Nominal voltage: _____

Main switchboard supplier: _____

Other information:

Estimated start date: _____

Estimated completion date: _____

Attachment: _____

Electrical contractor company: _____
Date and signature: _____
Copy is sent to ship owner date: _____