



400 Sheldon Drive, Unit 1
Cambridge, Ontario, N1T 2H9

Phone: 1-877-ESA-SAFE (372-7233)
Fax: 1-800-667-4278
esa.Cambridge@electricalsafety.on.ca

Entertainment Industry Notification

Under the provisions of the Ontario Electrical Safety Code (OESC), a Notification must be filed with the Electrical Safety Authority for any electrical equipment installed in Ontario, temporary or otherwise. This includes all Television, Film, Commercial, Live Performance, Carnivals, or Event Productions including but not limited to Live Productions regardless of site or location. Failure to comply could result in unsafe working sites, production downtime and/or fines.

Date _____ ESA Account # _____ ECRA/ESA Lic # _____	<input type="checkbox"/> I confirm that the information provided in this form is true, complete and accurate. Name _____ Signature _____
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Method of Payment	
<input type="checkbox"/> Charge to ESA Account <input type="checkbox"/> Cheque / Money Order	Credit Card <input type="checkbox"/> ESA account customer - please provide the last 4 digits of the card saved on file _____ <input type="checkbox"/> One-time / non-account customer - must call 877-ESA-SAFE (372-7233), Mon-Fri 7:00AM-4:30PM

Applicant Information - please provide a complete mailing address		PO/Job #
Name _____ Email _____ Address _____ Unit / Suite _____ City _____ Prov/State _____ Country _____ Postal Code _____ Cell Ph _____ Fax _____		
		Date Ready

Location Information	
Name: _____ Civic #: _____ Street: _____ Unit: _____ Note the alternate street name if street is a #d Regional Rd, County Rd, Hwy: _____ City/Town: _____ Twp/Region: _____ Work location in building: _____ Main Intersection: _____	
Water Travel Required? Yes <input type="checkbox"/>	

Work Contact (applicant's representative) - this notification will be returned if a Work Contact name & cell phone or email address are not provided	
First & Last Name _____ Cell Ph _____	Email: _____

Complete this section for: Commercials / Television / Movie Shoots / Video / Theatre Productions / Travelling Shows	
<input type="checkbox"/> Commercial [C041] <input type="checkbox"/> Television [C032] <input type="checkbox"/> Movie / Film [C032] <input type="checkbox"/> Video [C032] <input type="checkbox"/> Theatre [C032] <input type="checkbox"/> Travelling Show [C032]	
Production Name: _____	Number of Locations: _____ Approximate # of Weeks of Shoot: _____ [C066]

Locations:	Site Type	# of Sets	Contact Name	Contact Phone #	Best time for Inspection
(If list is longer than space provided, please attach the list)	<input type="checkbox"/> On Location <input type="checkbox"/> In Studio				
	<input type="checkbox"/> On Location <input type="checkbox"/> In Studio				
	<input type="checkbox"/> On Location <input type="checkbox"/> In Studio				
	<input type="checkbox"/> On Location <input type="checkbox"/> In Studio				

Electrical Workers Certification of Qualifications? <input type="checkbox"/> 309 <input type="checkbox"/> 269e <input type="checkbox"/> Licensed Electrical Contractor Shoot Times: <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> After 5pm <input type="checkbox"/> Weekend	Equipment included with Inspection (Quantity) [C023] _____ Generators > 12KW _____ Heating or A/C Units _____ Transformers >= 1KVA _____ Other: _____
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Complete this section for: Events such as Live Performance / Festival / Trade Show / Carnivals	
<input type="checkbox"/> Live Performance [C075] <input type="checkbox"/> Festival/Special Event [C075] <input type="checkbox"/> Trade Show [C059] <input type="checkbox"/> Carnival [C030] <input type="checkbox"/> Other (specify): _____	
Show or Event Name: _____	Number of Locations: _____ AM PM
What DATE and TIME will the Show be open to the public? _____	What TIME will the Show be ready for inspection? _____

Please provide opening and closing times. _____ Electrical Workers Certification of Qualifications? <input type="checkbox"/> 309 <input type="checkbox"/> 269e <input type="checkbox"/> Licensed Electrical Contractor Weekend, holiday and evening inspections are subject to additional fees.	Equipment included with Notification (Quantity) [C023] _____ Generators >12KW _____ Heating or A/C Units _____ Transformers >= 1KVA _____ Other: _____ _____ Rides [C030] _____ Booths [C059] [C030]
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Driving Directions / Comments / Work Details	Fee Estimate incl HST

By submitting personal information to the Electrical Safety Authority, or its agents and service providers, you agree that ESA may collect, use and disclose such personal information in accordance with its privacy policy, applicable laws or pursuant to our administrative agreement with the Province of Ontario. If you provide us with the personal information on behalf of another individual, you represent that you have all necessary authority and/or have obtained all necessary consents from such individual to enable us to collect, use and disclose such personal information for the purposes set forth in our Privacy Policy. A copy of our policy is located on our website at www.esasafe.com

*See 2020 Wiring Fee Guide for details