

**KIT CARSON ELECTRIC COOPERATIVE, INC.**

**DECLARATION**

**TO:** Electric Utility Provider or Rural Electric Cooperative

Electrician:

From: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ N.M. License #: \_\_\_\_\_  
(Address/City/State/Zip)

Electrician Telephone#: \_\_\_\_\_ Customer Name: \_\_\_\_\_

\_\_\_\_\_ N.M. Electrical Permit #: \_\_\_\_\_  
(Electrical Journeyman's Name)

LOCATION OF WORK PERFORMED:

\_\_\_\_\_

\_\_\_\_\_ (Town, City, County-Brief Directions & Type of Work Performed)

**AFFIRMATION**

To Whom It May Concern:

I hereby certify and affirm that I am duly licensed by the State of New Mexico to perform electrical work in New Mexico and that on \_\_\_\_/\_\_\_\_/\_\_\_\_ I submitted a valid and properly executed electrical permit for work performed by myself, or under my direct supervision, at the above-referenced location. I further certify and affirm that all work at the location has been performed and verified by me to be in conformance with all applicable New Mexico codes, standards and utility guidelines. I also understand and acknowledge that if the installation is determined to be in substantial non compliance, I will promptly bring the installation into compliance, upon notification. I further acknowledge that I am assuming all liability for the installation, and its compliance with all applicable codes, guidelines and standards.

Attested By: \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 200 \_\_\_\_.

\_\_\_\_\_  
(Signature)

KIT CARSON ELECTRIC COOPERATIVE, INC.

LOAD CALC

_____	_____
Customer's Name (as it will appear on permit / New Customer Service Request form)	Phone
_____	_____
Address	Anticipated Service Date
Line Extension Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<input type="checkbox"/> Existing Service	<input type="checkbox"/> Residential	<input type="checkbox"/> Overhead	<input type="checkbox"/> Single Phase 120/240
<input type="checkbox"/> New Service	<input type="checkbox"/> Commercial	<input type="checkbox"/> Underground	<input type="checkbox"/> Three Phase 120/208 or 277/480
	<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____

Service Size	Total Existing Load	Total Connected Load	Total Demand Load
_____	_____	_____	_____
Amps	KW (if applicable)	KW	KW

Special Requirements: \_\_\_\_\_

_____	_____	_____
Electrician's Name	Phone Number	License Number
_____	_____	_____
Electrician's Signature	Date	Permit Number

Map of Physical Location  
(Required)

N  
↑