



TORQUE CERTIFICATION AFFIDAVIT

The purpose of this form is to document the proper installation and torque requirements in accordance with 2017 NEC 110.14 (D) on electrical connections.

Project Information

Permit #: _____

Jobsite Address:

List below the detailed location of where the work is being performed work:

Contractor Information

Company Name: _____

Qualifier of Company: _____

License Number: _____ Expiration Date: _____

Electrical connections for the address and type of work performed, listed above, have been made in accordance with 2017 NEC 110.14 (D).

Print Name of Qualifier: _____

Signature of Qualifier: _____ Date: _____

State of FLORIDA County of _____

I certify this to be the original document

on this _____ day of _____, 20_____.

Notary Name : _____

My Commission Expires: _____