

## **Application for individual Inspection Gas Safety Certification:**

Thank you for your recent enquiry for the gas certification for the requested Type A appliance:

The following is an application required to be submitted prior to the commencement of the Individual Certification:

Please answer all the questions in the application and submit all the required information as listed.

The following is a checklist of mandatory items required to complete a certification:

### **Checklist:**

- **The equipment / appliance must be a type A appliance**
- **The equipment must have the correct jets for the gas type it is operating.**
- **There needs to be gas available to test the equipment**
- **The equipment may not be used or connected to gas prior to certification**
- **We will require a gas fitter to assist in connecting the equipment**
- **The unit needs a name badge on the equipment listing Model number serial number manufacturer, gas type, injector sizes, gas pressures and mega joule rating**
- **If the unit has electrics, a full diagram and name plate is required.**
- **The technical and operational manual for the unit.**
- **Any specifications will be useful.**
- **The unit must be gas tight and safe to operate:**
- **It is preferred the unit not be in an operating situation to assist the process.**
- **A digital photo of the unit will assist:**

Please fill in the following form and email to \_\_\_\_\_ or

fax to \_\_\_\_\_

If you would like to post to \_\_\_\_\_

**Please include all the required information:**

Regards,

\_\_\_\_\_

**QGA Certifier**

# CERTIFICATE APPLICATION

## Form 2- Individual Inspection

APPLICATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**DETAILS OF APPLICANT**

COMPANY OR SOLE TRADER NAME : \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

COMPANY A.B.N.: \_\_\_\_\_

COMPANY PHONE No: \_\_\_\_\_ FAX NO.: \_\_\_\_\_ MOBILE: \_\_\_\_\_

COMPANY EMAIL ADDRESS: \_\_\_\_\_

AUTHORISED PERSON MAKING THIS APPLICATION: \_\_\_\_\_

BUSINESS NAME AND ADDRESS WHERE EQUIPMENT IS/ IS TO BE INSTALLED:

**APPLIANCE DETAILS**

COMMERCIAL

DOMESTIC

APPLIANCE TYPE: \_\_\_\_\_

MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_

SERIAL NO: \_\_\_\_\_

GAS CONSUMPTION: \_\_\_\_\_ Injector Size/s \_\_\_\_\_

GAS TYPE/S:      PROPANE       NATURAL       UNIVERSAL LP

INSTALLATION INSTRUCTIONS SUPPLIED:

SPECIFICATIONS SUPPLIED:

There is a name plate on unit::

MANUFACTURED BY: \_\_\_\_\_ Copy of Manual Supplied with application

COUNTRY OF ORIGIN: \_\_\_\_\_

EQUIPMENT:      NEW

SECONDHAND

I hereby apply for the above appliance is to be tested in accordance with the Safety requirements for gas devices ( Type A) as detailed in Schedule 6 of the Petroleum and Gas ( Production and Safety) Regulation 2004

SIGNATURE: \_\_\_\_\_

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINT NAME OF CUSTOMER IN FULL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_