

Individual Type A Gas Device Approval Application/ Located in a Mobile Vehicle

Date: _____

DETAILS OF	APPLICANT
COMPANY OR INDIVIDUAL NAME:	_____
CONTACT NAME:	_____ _____
ADDRESS:	_____ _____
COMPANY A.B.N.:	_____
PHONE NUMBER:	_____ _____
MOBILE:	_____
EMAIL ADDRESS:	_____
AUTHORISED PERSON MAKING THIS APPLICATION:	_____ _____
AUTHORISATION	
<p>I hereby apply for this appliance to be tested in accordance with the safety requirements for gas devices (Type A). As detailed under s733 of the Petroleum and Gas (Production and Safety) Act 2004.</p>	
PRINT NAME OF CUSTOMER:	_____
APPLICATION DATE:	_____ _____
ADDRESS:	_____ _____
SIGNATURE:	_____

MOBILE VEHICLE DETAILS	
LOCATION OF MOBILE VEHICLE:	
TYPE OF VEHICLE:	_____
CONDITION:	_____
MAKE:	_____
MODEL:	_____
YEAR:	_____
VIN:	_____
COUNTY OF ORIGIN:	_____
APPLIANCE DETAILS	
APPLIANCE : COMMERCIAL DOMESTIC	INSTALLATION INSTRUCTIONS SUPPLIED?
MAKE:	HAS THE APPLIANCE BEEN INSTALLED?
MODEL:	SPECIFICATIONS SUPPLIED:
SERIAL NO:	COUNTRY OF ORIGIN:
GAS CONSUMPTION:	MANUFACTURED BY:
INJECTOR SIZE/S:	EQUIPMENT:
GAS TYPE/S: PROPANE NATURAL UNIVERSAL LP	COPY OF MANUAL SUPPLIED WITH APPLICATION?
	NAMEPLATE ON UNIT?