

## **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 that is 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 the following form and email to [vecchio@bizmatrix.com.au](mailto:vecchio@bizmatrix.com.au) or fax to 07 32646539.

If you would like to post to Bizmatrix PO BOX 489 ALBANY CREEK Q 4035

Please include all the required information:

Regards,

Darrel Vecchio

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 herby 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:** \_\_\_\_\_

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