

GAS SUPPLY
Licensee's Certificate of Compliance/Inspection
 Gas Supply (Consumer Safety) Regulation 2012

Licensee's Copy
 Serial No

CERTIFICATE OF COMPLIANCE CERTIFICATE OF INSPECTION

PROPERTY / VEHICLE OWNER DETAILS

House/Unit No.	Street	Suburb	Postcode
Lot No.	DP No.	PDP or SP	Nearest Cross Street
Owner's Name	Owner's Postal Address		

VEHICLE DETAILS

Make	Model	Registration Number
Engine Number	Chassis / VIN Number	Hull ID No.

LICENSEE'S DETAILS

Name	Postal Address	
Phone No.	Qualified Supervisor No.	Expiry Date
Tradespersons Certificate No. (MVTC)	Licence No.	Expiry Date

INSTALLATION DETAILS

Type of Work <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Extension <input type="checkbox"/> Repair (specify)	Type of gas <input type="checkbox"/> Natural Gas <input type="checkbox"/> LP Gas (Propane) <input type="checkbox"/> LP Gas (Butane) <input type="checkbox"/> LPG Autogas <input type="checkbox"/> CNG Autogas <input type="checkbox"/> Other (specify)	Fixed Installation <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Domestic	Date Work Commenced
			Meter No.
			<input type="checkbox"/> Gas Leak Check

APPLIANCES

AUTOGAS CONTAINERS

Code	Type of Appliance	Quantity connected	Brand	Serial Number	Water Capacity
0	Stationary engine power or air conditioner				
1	Cook top or wok cooker				
2	Refrigeration or Absorption chiller				
3	Instantaneous water, pool or spa heater				
4	Tank hot water heater				
5	Top plate, grill or BBQ				
6	Oven for baking, curing or drying				
7	Decorative flare or gas lights				
8	Room heater or space heater				
9	Other appliances				

In respect of the gasfitting work I certify that,

- The gasfitting work complies with AS5601 AS4041 AS1596 AS/NZ1425 AS/NZ2739, and
- I have tested the installation for defects immediately after completion and inspected all containers and appliances connected to the installation; where the gas work was undertaken by me, and
- The installation is in safe working order (signed) _____ (date) ____/____/____
 OR,
- The gas installation, appliance(s), gas containers, gas regulators is/are defective for the following reason/s:

- I have attached a durable defect notice to the _____ (signed) _____ (date) ____/____/____

GAS SUPPLY
Licensee's Certificate of Compliance/Inspection
 Gas Supply (Consumer Safety) Regulation 2012

Owner's Copy

Serial No

CERTIFICATE OF COMPLIANCE CERTIFICATE OF INSPECTION

PROPERTY / VEHICLE OWNER DETAILS

House/Unit No.	Street	Suburb	Postcode
Lot No.	DP No.	PDP or SP	Nearest Cross Street
Owner's Name	Owner's Postal Address		

VEHICLE DETAILS

Make	Model	Registration Number
Engine Number	Chassis / VIN Number	Hull ID No.

LICENSEE'S DETAILS

Name	Postal Address
Phone No.	Qualified Supervisor No.
Tradespersons Certificate No. (MVTC)	Licence No.
	Expiry Date
	Expiry Date

INSTALLATION DETAILS

Type of Work <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Extension <input type="checkbox"/> Repair (specify) _____ _____ _____	Type of gas <input type="checkbox"/> Natural Gas <input type="checkbox"/> LP Gas (Propane) <input type="checkbox"/> LP Gas (Butane) <input type="checkbox"/> LPG Autogas <input type="checkbox"/> CNG Autogas <input type="checkbox"/> Other (specify) _____ _____	Fixed Installation <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Domestic	Mobile Installation <input type="checkbox"/> Caravan <input type="checkbox"/> Marine Vessel <input type="checkbox"/> Motor Vehicle	Date Work Commenced
				Meter No.
<input type="checkbox"/> Gas Leak Check				

APPLIANCES

AUTOGAS CONTAINERS

Code	Type of Appliance	Quantity connected	Brand	Serial Number	Water Capacity
0	Stationary engine power or air conditioner				
1	Cook top or wok cooker				
2	Refrigeration or Absorption chiller				
3	Instantaneous water, pool or spa heater				
4	Tank hot water heater				
5	Top plate, grill or BBQ				
6	Oven for baking, curing or drying				
7	Decorative flare or gas lights				
8	Room heater or space heater				
9	Other appliances				

In respect of the gasfitting work I certify that,

- The gasfitting work complies with AS5601 AS4041 AS1596 AS/NZ1425 AS/NZ2739, and
- I have tested the installation for defects immediately after completion and inspected all containers and appliances connected to the installation; where the gas work was undertaken by me, and
- The installation is in safe working order (signed) _____ (date) ____ / ____ / ____
 OR,
- The gas installation, appliance(s), gas containers, gas regulators is/are defective for the following reason/s:

- I have attached a durable defect notice to the _____ (signed) _____ (date) ____ / ____ / ____

CERTIFICATE OF COMPLIANCE CERTIFICATE OF INSPECTION

PROPERTY / VEHICLE OWNER DETAILS

House/Unit No.	Street	Suburb	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lot No.	DP No.	PDP or SP	Nearest Cross Street
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner's Name		Owner's Postal Address	
<input type="text"/>		<input type="text"/>	

VEHICLE DETAILS

Make	Model	Registration Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Engine Number	Chassis / VIN Number	Hull ID No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

LICENSEE'S DETAILS

Name	Postal Address		
<input type="text"/>	<input type="text"/>		
Phone No.	Qualified Supervisor No.	Expiry Date	
<input type="text"/>	<input type="text"/>	DD MM YYYY	
Tradespersons Certificate No. (MVTC)	Licence No.	Expiry Date	
<input type="text"/>	<input type="text"/>	DD MM YYYY	

INSTALLATION DETAILS

Type of Work <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Extension <input type="checkbox"/> Repair (specify) _____ _____ _____	Type of gas <input type="checkbox"/> Natural Gas <input type="checkbox"/> LP Gas (Propane) <input type="checkbox"/> LP Gas (Butane) <input type="checkbox"/> LPG Autogas <input type="checkbox"/> CNG Autogas <input type="checkbox"/> Other (specify) _____ _____	Fixed Installation <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Domestic Mobile Installation <input type="checkbox"/> Caravan <input type="checkbox"/> Marine Vessel <input type="checkbox"/> Motor Vehicle	Date Work Commenced DD MM YYYY Meter No. <input type="text"/> <input type="checkbox"/> Gas Leak Check DD MM YYYY
--	---	--	--

APPLIANCES

AUTOGAS CONTAINERS

Code	Type of Appliance	Quantity connected	Brand	Serial Number	Water Capacity
0	Stationary engine power or air conditioner				
1	Cook top or wok cooker				
2	Refrigeration or Absorption chiller				
3	Instantaneous water, pool or spa heater				
4	Tank hot water heater				
5	Top plate, grill or BBQ				
6	Oven for baking, curing or drying				
7	Decorative flare or gas lights				
8	Room heater or space heater				
9	Other appliances				

In respect of the gasfitting work I certify that,

- The gasfitting work complies with AS5601 AS4041 AS1596 AS/NZ1425 AS/NZ2739, and
- I have tested the installation for defects immediately after completion and inspected all containers and appliances connected to the installation; where the gas work was undertaken by me, and
- The installation is in safe working order (signed) _____ (date) ____ / ____ / ____
 OR,
- The gas installation, appliance(s), gas containers, gas regulators is/are defective for the following reason/s:

- I have attached a durable defect notice to the _____ (signed) _____ (date) ____ / ____ / ____

CERTIFICATE OF COMPLIANCE CERTIFICATE OF INSPECTION

PROPERTY / VEHICLE OWNER DETAILS

House/Unit No.	Street	Suburb	Postcode
Lot No.	DP No.	PDP or SP	Nearest Cross Street
Owner's Name	Owner's Postal Address		

VEHICLE DETAILS

Make	Model	Registration Number
Engine Number	Chassis / VIN Number	Hull ID No.

LICENSEE'S DETAILS

Name	Postal Address	
Phone No.	Qualified Supervisor No.	Expiry Date DD MM YYYY
Tradespersons Certificate No. (MVTC)	Licence No.	Expiry Date DD MM YYYY

INSTALLATION DETAILS

Type of Work <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Extension <input type="checkbox"/> Repair (specify) _____ _____ _____	Type of gas <input type="checkbox"/> Natural Gas <input type="checkbox"/> LP Gas (Propane) <input type="checkbox"/> LP Gas (Butane) <input type="checkbox"/> LPG Autogas <input type="checkbox"/> CNG Autogas <input type="checkbox"/> Other (specify) _____ _____	Fixed Installation <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Domestic	Date Work Commenced DD MM YYYY Meter No. _____
		Mobile Installation <input type="checkbox"/> Caravan <input type="checkbox"/> Marine Vessel <input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Gas Leak Check DD MM YYYY

APPLIANCES

AUTOGAS CONTAINERS

Code	Type of Appliance	Quantity connected	Brand	Serial Number	Water Capacity
0	Stationary engine power or air conditioner				
1	Cook top or wok cooker				
2	Refrigeration or Absorption chiller				
3	Instantaneous water, pool or spa heater				
4	Tank hot water heater				
5	Top plate, grill or BBQ				
6	Oven for baking, curing or drying				
7	Decorative flare or gas lights				
8	Room heater or space heater				
9	Other appliances				

In respect of the gasfitting work I certify that,

- The gasfitting work complies with AS5601 AS4041 AS1596 AS/NZ1425 AS/NZ2739, and
- I have tested the installation for defects immediately after completion and inspected all containers and appliances connected to the installation; where the gas work was undertaken by me, and
- The installation is in safe working order (signed) _____ (date) ____ / ____ / ____
 OR,
- The gas installation, appliance(s), gas containers, gas regulators is/are defective for the following reason/s:

- I have attached a durable defect notice to the _____ (signed) _____ (date) ____ / ____ / ____