

# 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
<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

<b>Type of Work</b> <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Extension <input type="checkbox"/> Repair (specify) _____ _____	<b>Type of gas</b> <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) _____	<b>Fixed Installation</b> <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Domestic  <b>Mobile Installation</b> <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"/> <b>Gas Leak Check</b> DD MM YYYY
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### 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. <input type="text"/>	Street <input type="text"/>	Suburb <input type="text"/>	Postcode <input type="text"/>
Lot No. <input type="text"/>	DP No. <input type="text"/>	PDP or SP <input type="text"/>	Nearest Cross Street <input type="text"/>
Municipality/Shire <input type="text"/>		Owner's Name <input type="text"/>	
Owner's Postal Address <input type="text"/>			

**VEHICLE DETAILS**

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

**LICENSEE'S DETAILS**

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

**INSTALLATION DETAILS**

<b>Type of Work</b> <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Extension <input type="checkbox"/> Repair (specify) <input type="text"/> <input type="text"/> <input type="text"/>	<b>Type of gas</b> <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) <input type="text"/>	<b>Fixed Installation</b> <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Domestic  <b>Mobile Installation</b> <input type="checkbox"/> Caravan <input type="checkbox"/> Marine Vessel <input type="checkbox"/> Motor Vehicle	Date Work Commenced DD MM YYYY <input type="text"/> Meter No. <input type="text"/>  <input type="checkbox"/> <b>Gas Leak Check</b> DD MM YYYY <input type="text"/>
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CERTIFICATE OF COMPLIANCE ☐ CERTIFICATE OF INSPECTION ☐

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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	
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