

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

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
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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

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Owner's Copy

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner's Name		Owner's Postal Address	
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VEHICLE DETAILS

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LICENSEE'S DETAILS

Name	Postal Address		
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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) <div style="border-bottom: 1px dotted black; height: 20px;"></div>	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) <div style="border-bottom: 1px dotted black; height: 20px;"></div>	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 <div style="border: 1px solid black; padding: 2px;">DD MM YYYY</div> Meter No. <input type="text"/> <input type="checkbox"/> Gas Leak Check <div style="border: 1px solid black; padding: 2px;">DD MM YYYY</div>
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CERTIFICATE OF COMPLIANCE ☐ CERTIFICATE OF INSPECTION ☐

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VEHICLE DETAILS

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