

Request for Turn-on / Re-commissioning of gas supply

Date: _____

Retailer Reference Number: _____

To : Gas Retailer

Gas supply to:

(Project Name)

(Address of Premises / Development)

(As-Built Drawing Nos)

(As-Built Drawing Nos)

I certify that the gas installation is safe and ready to receive gas. I request that gas be *Turned-on / Re-commissioned to the gas installation on _____.

The gas installation has passed the final pressure test and that no further work has been carried out on the gas installation after the final pressure test and that the gas installation is safe for the turn-on/re-commissioning of gas.

I confirmed that all end points have been properly capped/plugged. The number of end-points in the gas pipe installation is _____.

The proof test will be carried out during the turn-on/re-commissioning process and the Certificate of Proof Test will be issued. The gas installation will be depressurized to atmospheric pressure before I proceed with the turn-on/re-commissioning request.

After the turn-on/re-commissioning of the gas supply to the premises, I will inform all relevant parties accordingly not to tamper with the gas installation. In addition, I will undertake to affix warning labels at all end-points of the gas pipe installation.

A copy of the floor plans and line/isometric drawing has been given to the owner for reference and safe keep.

Designated Representative's Signature/ Date

*PE/ LGSW No:

Name: _____ Tel No: _____

Address: _____

*: delete where not applicable

**CONSENT BY PROFESSIONAL ENGINEER / MAIN CONTRACTOR / OWNER
(where applicable)**

We consent to the above application for the turn-on/re-commissioning of gas supply.

Name of Professional Engineer : _____ Date : _____

Signature : _____ PE No : _____

Name of Main Contractor : _____

Signature : _____
(authorized main contractor's representative) (company stamp)

Date : _____

Name of Owner / Developer : _____

Signature : _____ Date : _____

Note: *delete where not applicable