|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gas Safety Certificate** | | | | | | | | | | | |
| **Client Name:** | |  | | | | | | | | | |
|  | |  | | | | | | | | | |
| **Reference or Job #:** | |  | | | |  | **ICP (if known):** | |  | | |
|  | |  | | | | | | | | | |
| **Location of installation: (enter an identifier such as registration number for relocatable installations)** | | | | | | | | | | | |
| Number & Street | |  | | | | | | | | | |
|  | |  | | | | | | | | | |
| Suburb | |  | | | | | | | | | |
|  | |  | | | | | | | | | |
| Town / City | |  | | | | | |  | Postcode | |  |
|  | |  | | | | | | | | | |
| **Description of gasfitting work:** | | | | | | | | | | | |
|  | | | | | | | | | | |
| **Parts of the gas installation to which this certificate applies:**  All  Part (specify below) | | | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | | | |
| **Date of connection or completion (if different from date of certifying connection):** | | | | |  | | | | | | |
| **Name and registration number of anyone who carried out work under supervision:** | | | | |  | | | | | | |
| **By signing this document I confirm that the work described in this Gas Safety Certificate, and the installation or part installation is connected to a gas supply and is safe to use.** | | | | | | | | | | | |
| **Certifier Signature:** | | |  | | | | | | | | |
|  | | | | |  | | | | | | |
| **Name of person authorised to certify the connection:** | | | |  | | | | | | | |
|  | | | |  | | | | | | | |
| **Registration number:** | | |  | |  | **Certificate Issue Date:** | | | |  | |
|  | | | | | | | | | | | |
| **Outline any additional information attached:** | | |  | | | | | | | | |

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This Gas Safety Certificate confirms that the gasfitting work complies with the building code for the purposes of Section 19(1)(e) of the Building Act 2004.