|  |
| --- |
| **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.