



Ministry Of Utilities Sarawak
7th, 8th, 9th & 10th Floor, LCDA Tower,
Lot 2879, The Isthmus,
Off Jalan Bako, 93050 Kuching,
Sarawak.

Tel: 082-551000 (General Line)
Fax: 082-551010

GD 3

APPLICATION FOR REGISTRATION AS GAS CONTRACTOR

- 1) Please duly complete Form Gas/Contractor/01 (GD 3), supplying all necessary information and documentation to support your application and send to **Director of Gas Distribution, Ministry of Utilities Sarawak**. Your application will not be processed unless it is complete and all required documentation is provided.
- 2) Please provide supporting documents as follows:
 - (a) A copy of company registration certificate or registration issued by the Companies Commission of Malaysia (SSM).
 - (b) A copy of company profile which contains information about the organization technical, expertise, work records and registration with other relevant agencies.
 - (c) A copy of full-time employment letter for competent person
 - (d) A copy of premises title (if own) or premises rental agreement (if rented)
 - (e) The company shall have in its possession, either through purchase or rental, suitable equipment, testing equipment and instruments related to the nature of their business and shall provide details of all such equipment in their application.
 - (f) Specification of Welding Procedures for gas pipe works to be undertaken by the company
 - (g) Company operation procedure involving in installation, testing, commissioning and quality work checklist
- 3) Please tick (✓) in the appropriate box

PART A: CATEGORY OF CONTRACTOR APPLIED <i>(Tick where applicable)</i>	
<input type="checkbox"/> Contractor Class A	<input type="checkbox"/> Contractor Class C
<input type="checkbox"/> Contractor Class B	<input type="checkbox"/> Contractor Class D

PART B: PARTICULAR OF APPLICANT**(a) Particular of Certificate Holder**

<p>ATTACH PASSPORT-SIZED PHOTOGRAPH HERE.</p> <p>ENCLOSED ANOTHER 1 PHOTOGRAPHS WITH NAME AND IC NO. WRITTEN AT THE BACK</p>	Name of Applicant	:	
	IC No. (New) /Passport No.*	:	
	Date of Birth	:	____ / ____ / _____ (dd/mm/yyyy)
	Sex	:	Male / Female*
	Nationality	:	
Address		:	

(b) Particular of Company / Business

Registered Business Name <i>(Please attach a copy of Company profile such as names and addresses of owner/ partners/ shareholder (s)/ director (s))</i>	:	
Business Registration Number <i>(Please attach a copy of the registration certificate)</i>	:	
Business Address	:	
Type of Company	:	Sole Proprietorship / Partnership / Private Company / Public Company *
Business Contact	:	Office Phone: _____ Office Fax: _____ E-mail: _____

* delete whichever inapplicable

PART C: PARTICULARS OF COMPETENT PERSON(S)

- The company shall employ appropriate number of full time competent person holding a gas competency certificate(s) relevant to the class of installation work.
- The company shall have insurance coverage under the Employees' Social Security Act 1969 (Pertubuhan Keselamatan Sosial) for the competent person(s) who is/are employee(s).

Name		Name	
IC No.		IC No.	
Certificate No.		Certificate No.	
Category of Competency		Category of Competency	
Signature		Signature	

Competent person(s) can be the employee(s) and/or the owner(s). Attach separately if insufficient space.

PART F: DECLARATION

Please ensure the followings are enclosed to expedite processing of application:

1. Copy of the business registration certificate.
2. One piece of Passport Sized Photograph
3. Attachment of owner(s)/partner(s)/shareholder(s)/director(s) particulars, if attached separately.
4. Attachment of competent person particulars, if attached separately.
5. Evidence of insurance coverage under the Employees' Social Security Act 1969 for competent person(s) who are employee(s).
6. Photocopy of relevant ICs.

(Check (✓) the boxes)

I hereby declare that:

1. I have a copy of The Distribution of Gas Ordinance, 2016 for Sarawak.
2. All particulars given are correct;
3. The Director of Gas Distribution may reject this application if any particulars are found to be false, incomplete or appropriate copies of information are not attached.

Signature of Owner/Company cop

Name: _____

Date : _____

IC No.: _____

Position: _____