



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 5 (b)

APPLICATION FOR CERTIFICATE OF APPROVAL FOR GAS FITTINGS, GAS APPLIANCES AND GAS EQUIPMENT

Please duly complete Form Gas/COA/02 (GD 5(b)), 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 **as listed in Part C, G & H are provided**.

PART A: TYPE OF APPLICATION <i>Check (✓) the appropriate box.</i>																					
<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal of Certificate																				
PART B: CATEGORY OF APPLICATION <i>(Tick where applicable)</i>																					
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Assembler																				
<input type="checkbox"/> Importer																					
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<i>Check (✓) the appropriate box(es) and complete the relevant parts. Use separate form for B.1 or B.2 category.</i>																					

PART C: PARTICULAR OF APPLICANT AND COMPANY	
(a) Particular of Applicant	
Name of Applicant	:
IC No. /Passport No.*	:
Position in Company	:
Address	:
Contact No.	:
Email	:
<i>* delete whichever inapplicable</i>	

PART C: PARTICULAR OF APPLICANT AND COMPANY**(b) Particular of Company / Business** *(Please attach a copy of the registration certificate)*

Company Name	:	
Company Registration No.	:	
Company Address	:	
Office No.	:	
Fax No.	:	
Company Email	:	

(c) Particular of Certificate of Approval for Manufacturer, Assembler or Importer

COA Certificate No	:	
Validity	:	

PART D: PARTICULARS OF GAS FITTINGS, APPLIANCES & EQUIPMENT

Category : Gas Fitting Gas Appliance Gas Equipment

Description	Item 1	Item 2	Item 3	Item 4
Name				
Model				
Brand				
Name of Manufacturer				
Country of Manufacture				
Quantity				

* Models of the same category, description and brand from a manufacturer can be completed in the same form.

CONSIGNMENT PARTICULARS (Importer only)

Port of Export : _____ Point of Entry into Sarawak: _____
Country of Export: _____ Expected Arrival Date: ___/___/___ (dd/mm/yy)

PART E: PARTICULAR OF MANUFACTURER/ASSEMBLER (Fill in by Importer only)

Company Name	:	
Address of Manufacturer/Assembler	:	
Contact No.	:	Office Phone : _____ Office Fax : _____ E-mail : _____

PART F: TEST REPORT

1.	Test Report by SIRIM	
	Design Code	: _____
	Testing Report	: _____
2.	Testing Report by Others Agency (if applicable)	
	Design Code	: _____
	Testing Report	: _____

Please provide a certified copy of the test certificate.

PART G: SUPPORTING DOCUMENT

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

1. Schematic drawing / picture of gas equipment
2. Technical specifications (copy of catalogues)
3. User Manual of appliances/ equipment
4. Code / Standard (English version) related in manufacturing and testing of equipment (other than Malaysian Standard, ISO, ASME, EN and UL)

(Check (✓) the boxes)

PART H: COA FOR GAS FITTINGS/ GAS APPLIANCES AND GAS EQUIPMENT																										
Check by Applicant	COMPLETE PART 1 FOR NEW APPLICATION OR PART 2 IF RENEWAL	Check by Officer																								
	PART 1: NEW APPLICATION																									
<input type="checkbox"/>	<p>1. Attach valid Certificate of Approval (COA) for manufacturer/assembler or importer of gas fittings, gas appliances and gas equipment :-</p> <table border="1"> <tr> <td>Brand Name:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Model No.:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Certificate of Approval No.:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Expiry Date:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p><i>(To expedite application process, ensure Certificate of Approval is valid)</i></p>	Brand Name:						Model No.:						Certificate of Approval No.:						Expiry Date:						<input type="checkbox"/>
Brand Name:																										
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<input type="checkbox"/>	2. Serial numbers of all fittings/appliances/equipment in the consignment <i>(Attached separate sheet)</i>	<input type="checkbox"/>																								
<input type="checkbox"/>	3. Other approval certificate (if any)	<input type="checkbox"/>																								
<input type="checkbox"/>	4. Supporting documents as in Part G	<input type="checkbox"/>																								
<input type="checkbox"/>	<p>5. Processing fee for Issuance of Certificate of Approval (COA) for</p> <ul style="list-style-type: none"> • Gas fitting – RM 100 • Gas equipment – RM 200 • Gas appliance – RM 110 	<input type="checkbox"/>																								
	PART 2: RENEWAL																									
<input type="checkbox"/>	<p>1. Attach Original Certificate of Approval</p> <p>COA Certificate No.: _____</p>	<input type="checkbox"/>																								
<input type="checkbox"/>	2. Attach Photocopy of Invoice of Consignment Testing.	<input type="checkbox"/>																								
<input type="checkbox"/>	<p>3. Renewal fee for Certificate of Approval (COA) for</p> <ul style="list-style-type: none"> • Gas fitting – RM 100 • Gas equipment – RM 200 • Gas appliance – RM 110 <p>* Renewal shall be given for the same model of gas fittings, appliances and equipment which are not altered and/or modified either internally or externally. Any alteration or modification shall require new submission.</p>	<input type="checkbox"/>																								
<p>I hereby declare that:</p> <ol style="list-style-type: none"> 1. All particulars given are correct. 2. I shall send sample(s) for consignment test with SIRIM or others recognized laboratory. 3. I shall provide sample(s) of the appliance/equipment if requested to do so. 4. 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. 																										
<p>Signature of Applicant: _____</p> <p>Name: _____</p> <p>Date: _____</p>		Company chop:																								

PART I: PROJECT USE/DISPLAY/OTHERS		
Check by Applicant	Purpose	Particulars
<input type="checkbox"/>	Specific project use	Project Name: _____ Project Location/Address: _____ _____ Name of user/client: _____
<input type="checkbox"/>	Display	Display Name: _____ Display Location/Address: _____ _____ Name of user/client: _____ Display Period: ____ / ____ / ____ to ____ / ____ / ____ (dd/mth/yr)
<input type="checkbox"/>	Others	Specify Purpose of appliance: _____ Location/Address to use: _____ _____ Name of user/client: _____
The following shall be submitted, if requested: <ol style="list-style-type: none"> 1. Technical specifications, manuals, documentations and/or brochure. 2. Type test and/or safety test reports or certificate. 		
Has the appliance/equipment <ol style="list-style-type: none"> 1. Issued with Letter of Release? YES/NO*. If Yes, quote Letter of Release Number: _____ . 2. Previously imported into the State? YES/NO*. If Yes, quote import permit No.: _____ . (* Delete where not applicable)		
I hereby declare that: <ol style="list-style-type: none"> 1. Appropriate actions shall be taken to ensure the safe use of the gas appliance/equipment. 2. The appliance/equipment shall not be used in such manner that shall expose the public to danger from explode. 3. I shall provide sample(s) of the appliance/equipment if requested to do so. 		
Signature of Applicant: _____ Name: _____ Date: _____		Company chop: