

GD 6



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

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

INFORMATION OF GAS RESPONSIBLE PERSON

Name : _____
(Attach photocopy of I.C. and / or passport. If work permit is required, please attach).

IC No. (New) /Passport No. : _____

Contact No : (H/P) : _____
Office : _____

Address : _____

Academic qualifications : _____

Working Experiences : _____
(briefly only) _____

Gas Certificate of Competency currently in possession (if any) : _____

I declare to operate / maintain this gas pipeline system at the said premises

(locality of gas installation)

as stated under the Distribution of Gas Ordinance 2016.

Signature by Responsible Person;

Confirmed by;

.....
(Name : _____)
Date: _____

.....
(Name: _____)
Date: _____

Note:

1. Please notify the Director of Gas Distribution of any changes to the Responsible Person appointed.