



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 2-R

RENEWAL/ REPLACEMENT/ ENDORSEMENT OF CERTIFICATE OF GAS COMPETENCY

1. Please duly complete Form Gas/Competency//R/01 (GD 2-R), supplying all necessary information as below and send to **Director of Gas Distribution, Ministry of Utilities Sarawak**.
 - a) 2 pieces of photographs (1 piece attached to form and 1 piece enclosed with form).
 - b) Photocopy of identity card (I.C) and/or passport. Work permit if foreign person.
 - c) Photocopy of latest courses certificates attended at training institute recognized by Ministry of Utilities Sarawak or Energy Commission or DOSH.
 - d) Support documents on work experience certified by an employer or competent person.

Please tick (√) in the appropriate box:

Renewal

Replacement

Endorsement

PART A: CATEGORY OF COMPETENCY APPLIED *(Tick where applicable *)*

*	Certificate of Competency	Fee for renewal/ replacement/ endorsement
	Gas Engineer	RM 150
	Gas Engineering Supervisor	RM 100
	Gas Fitter Class I	RM 50
	Gas Fitter Class II	RM 50
	Gas Fitter Class III	RM 50

PART B: PARTICULAR OF APPLICANT

Name of Applicant	:	
IC No. (New) /Passport No.*	:	
Certificate of Competency No.	:	
Validity Until	:	
Sex	:	Male / Female*
Nationality	:	
Residential Address	:	
Mailing Address <i>(if difference from residential address)</i>	:	
Applicant Contact Particular	:	Home Phone: _____ Office Phone: _____ Handphone: _____ E-mail: _____

* delete whichever inapplicable

PART C: PRESENT EMPLOYER/INSTITUTION PARTICULARS

Name of Employer/Institution	:	
Address	:	
Telephone No	:	
Fax No	:	
Email	:	

PART D: WORKING EXPERIENCES

(i)	Working Experiences <i>(List down in detail the nature of work involved)</i>				
	Name and Address of Employer	Job Scope	Position	Period	
				From	To

(ii)	Details of Work involved in Gas Installation <i>(List of installations where applicant has been involved in designing, supervising, maintaining, repairing, testing or operating)</i>		
	Name and Address of Installation	Gas Contractor Name	Period (Start/ Complete)

Attach separately if insufficient space.

PART F: DECLARATION

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

1. 2 pieces of photographs (1 piece attached to form and 1 piece enclosed with form).
2. Photocopy of I.C. and/or passport. If work permit is required, please attach.
3. Photocopies of latest professional/educational/vocational/ courses certificates.
4. Attachment of details of working experiences, if attached separately.

(Check (✓) the boxes)

I hereby declare that:

- I. all particulars given are correct;***
- II. 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 Applicant

Date