



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-R

RENEWAL/ REPLACEMENT FOR REGISTRATION AS GAS CONTRACTOR

- 1) Please duly complete Form Gas/Contractor/R/01 (GD 3-R), supplying all necessary information as below 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.
 - (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 Competency Certificate of full-time employment of competent person

- 2) Please tick (✓) in the appropriate box

PART A: CATEGORY OF CONTRACTOR APPLIED <i>(Tick where applicable *)</i>			
*	Contractor Category	Renewal Fee (RM)/ Yearly	Replacement Fee (RM)
	Contractor Class A	RM 2000	RM 35
	Contractor Class B	RM 1000	
	Contractor Class C	RM 700	
	Contractor Class D	RM 300	

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

Name of Applicant	:	
IC No. (New) /Passport No.*	:	
Certificate of Competency No.	:	
Validity Until	:	
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>	:	
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).

1.	Name	
	IC No.	
	Certificate of Competency No.	
	Validity Until	
	Certificate of Competency Category	
	Signature	
2.	Name	
	IC No.	
	Certificate of Competency No.	
	Validity Until	
	Certificate of Competency Category	
	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. | <input type="checkbox"/> |
| 2. One piece of Passport Sized Photograph | <input type="checkbox"/> |
| 3. Attachment of owner(s)/partner(s)/shareholder(s)/director(s) particulars, if attached separately. | <input type="checkbox"/> |
| 4. Attachment of competent person particulars, if attached separately. | <input type="checkbox"/> |
| 5. Evidence of insurance coverage under the Employees' Social Security Act 1969 for competent person(s) who are employee(s). | <input type="checkbox"/> |

(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

Date : _____

Name: _____

IC No.: _____

Position: _____