



## Application for Designation as a NEW Inspector (Gas)

<b>Applicant details</b>	Surname:		Given names:	
	Home Phone No:		Mobile No:	
	Work Phone No:		Fax No:	
	Email - Work: Home:			
	Address:			Postcode:
	GF Licence No:		Expiry date:	
	Job title:			
	Base work location:			
	<p>I would like to apply for the following category of designation: (tick applicable)</p> <p><input type="checkbox"/> Gas Installation Inspector (Network Operator/Gas Supplier)</p> <p><input type="checkbox"/> Type A Appliance Inspector (for the purpose of approving Type A appliances)</p> <p><input type="checkbox"/> Type B Appliance Inspector (for the purpose of approving Type B appliances)</p> <p>I agree to comply with the conditions specified on the issued Certificate of Designation/Delegation and the Code of Practice for Inspectors (Gas) in WA.</p> <p>I have never been convicted of a breach of any part of the <i>Gas Standards Act 1972</i> and Regulations.</p> <p>Have you ever been convicted of a criminal offence (excluding traffic offence) in the past ten years?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes please provide details</p> <p><input type="checkbox"/> National Police Clearance certificate is enclosed (valid within 3 months of application).</p>			
	Applicant signature: .....		Date: .....	
<b>Supporting evidence</b>	Refer to information sheet for Application for Designation as Inspector Gas			

<b>Employer details (if applicable)</b>	Company / Business name:	ACN:
	Address:	Postcode:
	<p>I endorse this application on behalf of the employer.</p> <p>I certify that the applicant: (tick applicable)</p> <p><input type="checkbox"/> has been assessed as competent in the carrying out inspections of gas installations;</p> <p><input type="checkbox"/> has adequate skills and knowledge to carry out gas installation inspections to an acceptable standard; and</p> <p><input type="checkbox"/> fully understands this network operator's Inspection System Plan and Policy Statement, and related policies and procedures.</p> <p>Signature: ..... Date: .....</p> <p>Name: ..... Position: .....</p> <p>Phone: ..... Email: .....</p>	
<b>Independent Inspector (Consumer, Type A/B appliances)</b>	<p>I certify that I: (tick applicable)</p> <p><input type="checkbox"/> am competent in the carrying out of gas inspections/certifications;</p> <p><input type="checkbox"/> have adequate skills and knowledge to carry out gas installation inspections/certifications to an acceptable standard; and</p> <p><input type="checkbox"/> fully understands the network operator's Inspection System Plan and Policy Statement, and related policies and procedures.</p> <p>Signature: ..... Date: .....</p>	

Send to: **Director of Energy Safety  
Building and Energy  
Locked Bag 100  
East Perth WA 6892**

Or: Complete / sign and email to -  
**Chief Gas & Plumbing Inspector**  
[EGPGeneralAdmin@dmirs.wa.gov.au](mailto:EGPGeneralAdmin@dmirs.wa.gov.au)

FOR BUILDING AND ENERGY USE ONLY		
<b>Information Checklist</b>	<input type="checkbox"/> Gas Licence <input type="checkbox"/> Formal qualifications <input type="checkbox"/> National police clearance <input type="checkbox"/> Employer supporting documentation	Comments:
	<p>All required information has been provided</p> <p>Signature..... Date: .....</p>	