



Application for Designation as a Renewal Inspector (Gas)

Applicant details	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 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:		
Supporting evidence	Refer to information sheet for Application for Designation as Inspector Gas			

Employer details (if applicable)	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> <ul style="list-style-type: none"> <input type="checkbox"/> has been assessed as competent in the carrying out inspections of gas installations; <input type="checkbox"/> has adequate skills and knowledge to carry out gas installation inspections to an acceptable standard; and <input type="checkbox"/> fully understands this network operator's Inspection System Plan and Policy Statement, and related policies and procedures. <p>Signature: Date:</p> <p>Name: Position:</p> <p>Phone: Email:</p>	
Independent Inspector (Consumer, Type A/B appliances)	<p>I certify that I: (tick applicable)</p> <ul style="list-style-type: none"> <input type="checkbox"/> am competent in the carrying out of gas inspections/certifications; <input type="checkbox"/> have adequate skills and knowledge to carry out gas installation inspections/certifications to an acceptable standard; and <input type="checkbox"/> fully understands the network operator's Inspection System Plan and Policy Statement, and related policies and procedures. <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

FOR BUILDING AND ENERGY USE ONLY		
Information checklist	<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>	