



**Client Name:**

**Reference or Job#**  **ICP (if known):**

**Location of installation: (enter an identifier such as registration number for relocatable installations)**

**Number & Street**

**Suburb**

**Town / City**  **Postcode**

**Description of gas fitting work:**

**Parts of the gas installation to which this certificate applies:**

All  Part (specify below)

**Date of connection or completion (if different from date of certifying connection):**

**Name and registration number of anyone who carried out work under supervision:**

**By signing this document, I confirm that the work described in this Gas Safety Certificate, and the installation or part installation is connected to a gas supply and is safe to use.**

**Certifier Signature:**



**Name of person authorised to certify the connection:**

**Registration number:**

**Certificate Issue Date:**

**Outline any additional information attached:**

***This Gas Safety Certificate confirms that the gas fitting work complies with the building code for the purposes of Section 19(1)(e) of the Building Act 2004***