

SAFE ENERGY IRELAND



THIS FORM IS TO BE COMPLETED IN CASES WHERE THE GAS INSTALLER IS NOT IN A POSITION TO ISSUE A DECLARATION OF CONFORMANCE CERTIFICATE FOR A NEW INSTALLATION CONSTRUCTED BY HIM.

DETAILS OF INSTALLATION REQUIRING CERTIFICATION

NAME OF CONSUMER/APPLICANT: _____

ADDRESS OF INSTALLATION: _____

GPRN _____ **PHONE:** _____

Is the gas installation

- a) New (full)
 - b) New (appliance only)
- (TICK AS APPROPRIATE)**

<input type="checkbox"/>
<input type="checkbox"/>

DETAILS OF ORIGINAL GAS INSTALLER

NAME: _____

ADDRESS: _____

RGI REGISTRATION NUMBER: _____

Date of completion of work: _____

SAFE ENERGY IRELAND



REASON WHY THE GAS INSTALLER IS NOT CERTIFYING THIS INSTALLATION

OTHER RELEVANT INFORMATION: _____

DETAILS OF REGISTERED GAS INSTALLER (RGI) NOMINATED BY THE CONSUMER/APPLICANT TO TEST AND CERTIFY THIS INSTALLATION

NAME: _____

ADDRESS: _____

RGI REGISTRATION NUMBER: _____

Consumer /Applicant

SIGNED: _____ NAME (Block Letters): _____

DATE: _____