

Section 20 exemption application (2018)

- This form is for persons applying for an exemption under section 20 of the Plumbers, Gasfitters, and Drainlayers Act 2006 to carry out or supervise particular gasfitting work during the **1 April 2018-31 March 2019** licensing year.
- The relevant Section 12-25 exemptions policy is available at www.pgdb.co.nz/legislation-policies/policies.html
- If you have any questions about this form please call Paul Costelloe, Technical Services Advisor on **04 495 2613** between 8am and 5pm, Monday to Friday.

PART 1 – Applicant's details

COMPLETE IN CAPITAL LETTERS *Denotes information which is required

Authorisation number*: _____ (if you have held an authorisation from the Board before)

Family name/surname*: _____

First and middle name(s)*: _____

Date of birth*: ____ / ____ / ____ e.g. 04/09/1981

Company/trading name: _____

Postal address*:

Suburb: _____

City: _____

Postcode: _____

Physical address:

Suburb: _____

City: _____

Work phone number*: _____ **Home phone number:** _____

Mobile phone number: _____

Email: _____ @ _____

PART 2 – Exemption details

- 1.** Please state the reason why you are applying for the section 20 exemption to carry out, supervise, test and certify, or connect particular gasfitting.

- 2. a.** Please specify the **particular fittings** (i.e. Letlock union and Instantor) or the **particular kinds of fittings** (i.e. olive compression unions) that **you** intend to:

maintain and install;

(i) .

(ii) .

- b.** Please **specify the particular fittings** (i.e. Letlock union and Instantor) **or the particular kinds of fittings** (i.e. olive compression unions) that **you** intend to:

test and certify; connect to the gas supply; **and** supervise **others** working on

(iii) .

(iv) .

3. a. Please specify the particular appliances (e.g. Rinnai Infinity gas water heaters) or the particular kinds of appliances (e.g. continuous flow gas water heaters) that **you** intend to:

maintain and install: (if you require more lines please copy this page to continue)

Appliance type	Model	Manufacturer	Flue type	Ventilation type	Input rate (MJ/hr)	Type 1 or Type 2 or Type 3*

***Type 1 (refers to mechanically and/or low voltage (below 40 volts) controlled gas appliances generally below 250MJ per hour rated input)**
Type 2 (refers to mains power supplied electrically controlled gas appliances generally below 250MJ per hour rated input)
Type 3 (refers to electronically and/or mechanically controlled gas appliances and equipment generally above 250MJ per hour rated input and to one-off designs)

b. Please specify the particular appliances (e.g. Rinnai Infinity gas water heaters) or the particular kinds of appliances (e.g. continuous flow gas water heaters) that you intend to:

test and certify; connect to the gas supply; and supervise others working on: (If you require more lines please copy this page to continue)

Appliance type	Model	Manufacturer	Flue type	Ventilation type	Input rate (MJ/hr)	Type 1 or Type 2 or Type 3*

*Type 1 (refers to mechanically and/or low voltage (below 40 volts) controlled gas appliances generally below 250MJ per hour rated input)
 Type 2 (refers to mains power supplied electrically controlled gas appliances generally below 250MJ per hour rated input)
 Type 3 (refers to electronically and/or mechanically controlled gas appliances and equipment generally above 250MJ per hour rated input and to one-off designs)

4. Please specify the fuel gas that you will be working with:

- Natural gas LPG BIO gas TLP gas
 other (as per Gas Act 1992)

5. Please specify the type of work to be undertaken (*may be one or more*):

- New installations Additions and alterations Maintenance

6. Please specify the type of environment in which you wish to undertake the particular gasfitting work (*may be one or more*):

- Domestic Commercial Industrial
 Boats Motor homes/ Caravans Other (Please describe below)

7. Please list any relevant gasfitting examinations or assessments:

- a) **First time applicant - that you have passed; or**
b) **Applicant renewing - that you have passed since your previous application**

Please supply evidence of having passed these examinations or assessments.

8. Please list any formal gasfitting training:

- a) **First time applicant - that you have undertaken; or**
b) **Applicant renewing - that you have undertaken since your previous application**

9. Please list any relevant continuing professional development (CPD) programmes:

- a) First time applicant - that you have undertaken; or**
- b) Applicant renewing - that you have undertaken since your previous application**

10. The following documents must be supplied by first time applicants. An applicant renewing their exemption must supply the following documents if any changes have been made since they last applied for this exemption:

- a. Your health and safety plan**
- b. Your safety and compliance record**
- c. Your quality management system**

11. Do you intend to supervise any persons installing or maintaining gas fuelled equipment?

- Yes – proceed to question 13 (page 7)**
- No – proceed to question 14 (page 8)**

12. **If you intend to supervise any persons installing or maintaining gas fuelled equipment please supply their names and provide evidence of their qualifications and experience:**

First name	Last name	Postal address	Qualifications	Experience

An Exemption Under Supervision (under section 21 of the Act) notification will need to be completed and attached to this application for each individual you intend to supervise.

The Exemption Under Supervision notification is available to print from the Licensing page of the Board's website (<http://www.pgdb.co.nz/trade/licensing.html>).

In accordance with section 21 of the Act a person may do, or assist in doing, any gasfitting if while that work is done, no pipe or appliance in respect of which that work is done is connected to any supply of gas.

PART 3 - Further details for first time applicants

Note: Applicants renewing their section 20 exemption go to part 4

- 13. Please list any gasfitting qualifications that are relevant to the gas fittings and appliances identified in questions 2 - 6:**

- 14. Please outline the extent of your experience maintaining and installing the gas fittings and appliances identified in questions 2 - 6.**

- 15. Please outline the extent of your experience supervising others working on the gas fittings and appliances identified in questions 2 - 6.**

16. Please outline the extent of your experience testing and certifying the gas fittings and appliances identified in questions 2b and 3b.

PART 4 - Fee payment

Amount payable: \$635.00

Payment method:

Cheque is enclosed
payable to: Plumbers, Gasfitters, and Drainlayers Board

Debit/credit card
▪ Visa
▪ Mastercard

Full name of cardholder: _____

Card number:

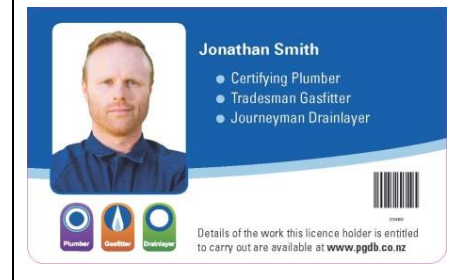
Expiry date: _____/_____

Cardholder's signature: _____ *I authorise the Plumbers, Gasfitters and Drainlayers Board to charge the total amount to my credit or debit card.*

PART 5 – Photo ID

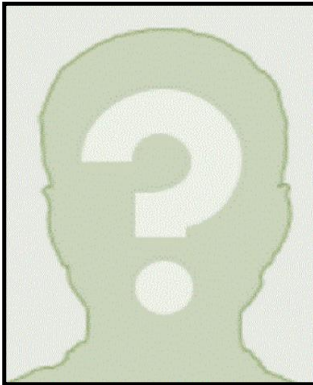
If you already have photo ID on your card, skip this section. You won't have to update your photo until 2027.

Example:



If you don't have a photo on your card, the easiest way is to use your online practitioner log-in and upload a head and shoulder photo. If you've forgotten your password, call our licensing team during 8am-5pm, Monday to Friday, on 0800 743 262.

Alternatively, you can attach a passport photo here and post your application to us:



By submitting this passport photo you certify that this photo is a true likeness of yourself:

Signature: _____

Date: _____

PART 6 – Confirmation of accuracy

By signing this application you verify that all information given is true and correct.

Signature of applicant

_____/_____/20_____
Date

Privacy Act 1993: The information requested in this form is collected by the Plumbers, Gasfitters and Drainlayers Board for the purpose of assessing your application and administering your exemption. However, the Board may use this information for any other purposes required or permitted by the Plumbers, Gasfitters, and Drainlayers Act 2006 and the Privacy Act 1993. You have the right under the Privacy Act 1993 to access and request correction of any personal information held about you by the Board.

Documentation checklist

Ensure you have fulfilled these requirements otherwise your form will be sent back to you:

- Completed application form
- Fee payment of \$635.00
- Certified copies of your qualification documents if you are applying for the first time or you have updated your qualifications since you last applied for an exemption 20
- Evidence of your quality management system if you are applying for the first time or you have updated your quality management system since you last applied for an exemption 20
- Copies of qualification documents and experience of any people you wish to supervise
- Evidence of your safety and compliance record if you are applying for the first time or your safety and compliance record has changed since you last applied for an exemption 20
- Evidence of your health and safety plan if you are applying for the first time or you have updated your health and safety plan since you last applied for an exemption 20
- Completed 2018 Exemption Under Supervision notification(s) (if necessary – see question 12)

Send your complete application to:

PGDB
PO Box 10655
The Terrace
Wellington 6143