Plumbers,
Gasfitters and
Drainlayers Board

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# APPLICATION FOR A SEARCH FOR A GASFITTING CERTIFICATION CERTIFICATE

Please provide a copy of a gas energy works certificate for gasfitting work at the following location.

- Fill out as much as possible to the best of your knowledge
- Please complete in block letters
- Applies only to gasfitting work completed after 1993

Street Address:_____

Town/City:_____

**Description of gasfitting appliances installed:**

| Appliance | Brand | Location |
|---|---|---|
| *(For example) Hob* | *Fisher & Paykel* | *Kitchen* |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Gas Type: **LPG** ☐ 9kg bottle ☐ 45kg bottle

**Natural** Name of gas supplier: _____

Year gasfitting work was completed:_____

Gasfitter's Name (not company name): _____

Gasfitter's Authorisation Number: _____ Certificate Number_____

Your name: _____

Your postal address: _____

Town/City: _____ Postcode: _____

Company name (if applicable): _____

Your telephone number (for contact purposes only): _____