



KEMENTERIAN UTILITI DAN TELEKOMUNIKASI SARAWAK
(MINISTRY OF UTILITY AND TELECOMMUNICATION SARAWAK)
TINGKAT 7,8,9 & 10, LCDA TOWER
LOT 2879 THE ISTHMUS OFF JALAN BAKO
93050 KUCHING
SARAWAK, MALAYSIA
TEL: 082-551000/551008 FAKS: 082-551010/551108
LAMAM WEB: mut.sarawak.gov.my

GD 2(b)

APPLICATION FOR CERTIFICATE OF PRACTICE

GUIDELINE TO APPLICANT

- 1) Please duly complete Form Gas/Competency/02 (GD 2(b)), supplying all necessary information and documentation to support your application and send to **Director of Gas Distribution, Ministry of Utility and Telecommunication Sarawak**.
- 2) Your application will not be processed unless it is complete and all required documentation is provided as follows :-
 - (i) Copy of identity card (front & back).
 - (ii) Copy of certificates of competency certified by an employer, or by the Energy Commission.
- 3) Please tick (√) in the appropriate box

PART A: PARTICULAR OF APPLICANT	
ATTACH PASSPORT-SIZED PHOTOGRAPH HERE. ENCLOSED ANOTHER 1 PHOTOGRAPHS WITH NAME AND IC NO. WRITTEN AT THE BACK	Name of Applicant :
	IC No. (New) /Passport No.* :
	Date of Birth : _____ (dd/mm/yyyy)
	Sex : Male / Female*
	Nationality :
Residential Address :	
Mailing Address (if difference from residential address) :	
Applicant Contact Particular	Home Phone : _____ Office Phone : _____ : Hand Phone : _____ E-mail : _____

* delete whichever inapplicable

PART B: PRESENT EMPLOYER/INSTITUTION PARTICULARS

Name of Employer/Institution	:	
Address	:	
Telephone No	:	
Fax No	:	
Email	:	

PART C: DECLARATION

Please ensure the followings are enclosed to expedite processing of applications:

1. 2 pieces of photographs (1 piece attached to form and 1 pieces enclosed with form).
2. Photocopy of I.C. and/or passport. If work permit is required, please attach.
3. Photocopies of Gas competency certificates currently in possession.

(Check (✓) the boxes)

I hereby declare that:

- I. all particulars given are correct;*
- II. The Director of Gas Distribution may reject this application if any particulars are found to be false, incomplete or appropriate copies of information are not attached.*

Signature of Applicant

Date

-----Office Use Only-----

Application Ref. No.: _____ Date: _____

Application Type: New Renewal

Application Status:	
Approve	In Progress/ KIV
Certificate of Practice No:	<input type="checkbox"/> <i>Incomplete form</i> <input type="checkbox"/> <i>Additional documents required:</i>
Remarks:	

Review/ Checked by: _____ Date: _____