



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(a)

APPLICATION FOR CERTIFICATE OF COMPETENCY

GUIDELINE TO APPLICANT

- 1) Please duly complete Form Gas/Competency/01 (GD 2(a)), 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 approval or participation of courses certified by an employer, competent person or training institute recognized by the Energy Commission.
 - (iii) Support documents on work experience certified by an employer or competent person.
 - (iv) List of installations that the applicant has been involved in designing, supervising, maintaining, repairing, testing or operating (if any). To Include this information if not fully disclosed in part E of this form.
 - (v) Detailed particulars of applicant's work experience which has been certified by a competent person who has an equivalent or higher competency class (Included if this information is not fully disclosed in part E of this form).
- 3) Please tick (√) in the appropriate box

PART A: CATEGORY OF COMPETENCY APPLIED <i>(Tick where applicable)</i>	
(i) Gas Engineer <input style="width: 50px; height: 25px;" type="checkbox"/>	(ii) Gas Engineering Supervisor <input style="width: 50px; height: 25px;" type="checkbox"/>
(iii) Gas Fitter: Class I <input style="width: 50px; height: 25px;" type="checkbox"/>	Class II <input style="width: 50px; height: 25px;" type="checkbox"/> Class III <input style="width: 50px; height: 25px;" type="checkbox"/>
If you have registered with Energy Commission before, please state Certificate No.	
Categories of Gas Competency Certificate currently in possession (if any): <i>(Please tick (√) in the relevant box)</i>	<input type="checkbox"/> Gas Engineer <input type="checkbox"/> Gas Engineering Supervisor <input type="checkbox"/> Gas Fitter Class I <input type="checkbox"/> Gas Fitter Class II <input type="checkbox"/> Gas Fitter Class III

PART B: 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 <i>(if difference from residential address)</i>	:		
Applicant Contact Particular	:	Home Phone : _____	
	:	Office Phone : _____	
	:	Hand Phone : _____	
	:	E-mail : _____	

* delete whichever inapplicable

PART C: PRESENT EMPLOYER/INSTITUTION PARTICULARS

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

PART D: QUALIFICATION AND SKILLS INFORMATION			
(i)	Academic/Professional Credential		
	Qualification (<i>PhD, Master, Degree, Diploma/ Ir, Sr, Dr, etc.</i>)	Institutions	Year
(ii)	Relevant Course Attended (<i>state certificate name if any</i>)		
	Course Name (<i>Attach copies of certificates separately</i>)	Name of Organizer	Course Duration
<p>Have you attended and passed a gas course at accredited institution by the Energy Commission?</p> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Please state the institution that organize the gas course:</p> <p><input type="checkbox"/> UTM: <input type="checkbox"/> IKM: <input type="checkbox"/> Others (please specify) : _____</p>			
Course Category:			
(a) Gas Engineer: <input type="checkbox"/>			
(b) Gas Engineering Supervisor: <input type="checkbox"/>			
(c) Gas Fitter: <input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III			

PART E: WORKING EXPERIENCES					
(i)	Working Experiences <i>(List down in detail the nature of work involved)</i>				
	Name and Address of Employer	Job Scope	Position	Period	
				From	To
(ii)	Details of Work involved in Gas Installation <i>(List of installations where applicant has been involved in designing, supervising, maintaining, repairing, testing or operating)</i>				
	Name and Address of Installation	Approval by		Period (Start/ Complete)	

Attach separately if insufficient space.

PART F: 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 professional/educational/vocational certificates.
4. Photocopies of Gas competency certificates currently in possession.
5. Attachment of details of relevant courses attended, if attached separately.
6. Attachment of details of working experiences, if attached separately.

(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

Category of Competency Applied: _____

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

Review/ Checked by: _____ Date: _____