



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: muf.sarawak.gov.my

GD 3

## APPLICATION FOR CERTIFICATE OF REGISTRATION AS A GAS CONTRACTOR

### GUIDELINE TO APPLICANT

- 1) Please duly complete Form Gas/Contractor/01 (GD 3), supplying all necessary information and documentation to support your application and send to **Director of Gas Distribution, Ministry of Utility and Telecommunication Sarawak**. Your application will not be processed unless it is complete and all required documentation is provided.
- 2) Please provide supporting documents as follows:
  - (a) A copy of company registration certificate or registration issued by the Companies Commission of Malaysia (SSM).
  - (b) A copy of company profile which contains information about the organization technical, expertise, work records and registration with other relevant agencies.
  - (c) A copy of full-time employment letter for competent person
  - (d) A copy of premises title (if own) or premises rental agreement (if rented)
  - (e) The company shall have in its possession, either through purchase or rental, suitable equipment, testing equipment and instruments related to the nature of their business and shall provide details of all such equipment in their application.
  - (f) Specification of Welding Procedures for gas pipe works to be undertaken by the company
  - (g) Company operation procedure involving in installation, testing, commissioning and quality work checklist
- 3) Please tick (√) in the appropriate box

PART A: CATEGORY OF CONTRACTOR APPLIED <i>(Tick where applicable)</i>	
<input type="checkbox"/> Contractor Class A	<input type="checkbox"/> Contractor Class C
<input type="checkbox"/> Contractor Class B	<input type="checkbox"/> Contractor Class D

**PART B: PARTICULAR OF APPLICANT****(a) Particular of Certificate Holder**

<p>ATTACH PASSPORT-SIZED PHOTOGRAPH HERE.</p> <p>ENCLOSED ANOTHER 1 PHOTOGRAPHS WITH NAME AND IC NO. WRITTEN AT THE BACK</p>	<b>Name of Applicant</b>	:	
	<b>IC No. (New) /Passport No.*</b>	:	
	<b>Date of Birth</b>	:	_____ (dd/mm/yyyy)
	<b>Sex</b>	:	Male / Female*
	<b>Nationality</b>	:	
<b>Address</b>		:	

**(b) Particular of Company / Business**

<b>Registered Business Name</b> <i>(Please attach a copy of Company profile such as names and addresses of owner/ partners/ shareholder (s)/ director (s))</i>	:	
<b>Business Registration Number</b> <i>(Please attach a copy of the registration certificate)</i>	:	
<b>Business Address</b>	:	
<b>Type of Company</b>	:	Sole Proprietorship-/ Partnership / Private Company / Public Company *
<b>Business Contact</b>	:	Office Phone : _____ Office Fax : _____ E-mail : _____

\* delete whichever inapplicable

**PART C: PARTICULARS OF COMPETENT PERSON(S)**

- The company shall employ appropriate number of full time competent person holding a gas competency certificate(s) relevant to the class of installation work.
- The company shall have insurance coverage under the Employees' Social Security Act 1969 (Pertubuhan Keselamatan Sosial) for the competent person(s) who is/are employee(s).

Name		Name	
IC No.		IC No.	
Certificate No.		Certificate No.	
Category of Competency		Category of Competency	
Signature		Signature	

Competent person(s) can be the employee(s) and/or the owner(s). Attach separately if insufficient space.

**PART F: DECLARATION**

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

1. Copy of the business registration certificate.
2. One piece of Passport Sized Photograph
3. Attachment of owner(s)/partner(s)/shareholder(s)/director(s) particulars, if attached separately.
4. Attachment of competent person particulars, if attached separately.
5. Evidence of insurance coverage under the Employees' Social Security Act 1969 for competent person(s) who are employee(s).
6. Photocopy of relevant ICs.

(Check (✓) the boxes )

I hereby declare that:

1. I have a copy of The Distribution of Gas Ordinance, 2016 for Sarawak.
2. All particulars given are correct;
3. 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 Owner/Company cop

Name: \_\_\_\_\_

Date : \_\_\_\_\_

IC No.: \_\_\_\_\_

Position: \_\_\_\_\_

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

Application Ref. No.: \_\_\_\_\_ Date: \_\_\_\_\_

Application Type:  New  Renewal

Category of Contractor Applied:

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

Review/ Checked by: \_\_\_\_\_ Date: \_\_\_\_\_