



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 4(a)

APPLICATION FOR APPROVAL TO INSTALL (ATI)

- 1) Please duly complete Form Gas/ATI/01 (GD 4(a)), 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) All drawings and calculations attached/submitted as in Part G must be signed and stamp by Gas Competent Persons appointed by the owner base on the class of installation.
- 3) This application form must be signed by the representative appointed/authorized by the owner of gas installation and affixed with company stamp.
- 4) The Gas Contractor appointed by the owner to install the gas piping system must hold a valid certificate of registration registered with Ministry of Utility and Telecommunication Sarawak.

PART A: INFORMATION OF GAS INSTALLATION

Type of Gas Installation:

- | | | | |
|--------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------|
| <input type="checkbox"/> | Existing installation <i>(already install & operate before enforcement of Distribution of Gas Ordinance, 2016)</i> | <input type="checkbox"/> | Piping routing modifications in existing pipeline |
| <input type="checkbox"/> | New piping installation | <input type="checkbox"/> | After existing piping dropper |
| <input type="checkbox"/> | Additional piping installation | <input type="checkbox"/> | Others: _____ |
| <input type="checkbox"/> | After gas meter to gas appliances | | |

Category of Gas Installation:

- | | | | |
|--------------------------|--------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | Laundry | <input type="checkbox"/> | Shopping Mall |
| <input type="checkbox"/> | Kitchen/Restaurant | <input type="checkbox"/> | Gas Main Reticulation System |
| <input type="checkbox"/> | Hotel/Condominium | <input type="checkbox"/> | Air Conditioning/HVAC |
| <input type="checkbox"/> | Others: _____ | | |

Classification of Gas Installation: *(refer APPENDIX A for Class I, Class II & Class III)*

- | | | | |
|--------------------------|----------|--------------------------|---------------------|
| <input type="checkbox"/> | Class I | <input type="checkbox"/> | Class III |
| <input type="checkbox"/> | Class II | <input type="checkbox"/> | Flexible Connection |

Premise Name/Trade Name <i>(for Commercial Gas Installation)</i>	
Address of Gas Installation	
Local Authorities	

PART B: INFORMATION OF APPLICANT <i>(Registered Gas Contractor)</i>			
Name of Gas Contractor			
Registration No.		Validity	
Company Address			
Name of Applicant			
Phone No.			
Fax No.			
Email			

PART C: INFORMATION OF OWNER <i>(or Representative)</i>	
Company Name	
Company Address	
Name of Owner	
Phone No.	
Fax No.	
Email	

Note: Fill in the details inside the above box, if Not Applicable please state N/A

PART D: INFORMATION OF GAS SUPPLIER (NG/LPG)	
Company Name	
Company Address	
Name of Representative	
Phone No.	
Fax No.	
Email	

PART E: GAS INSTALLATION SCOPE OF WORK

Natural Gas (NG) Supply System

Liquefied Petroleum Gas (LPG) Supply System

Natural Gas (NG) Supply System: *(details system to be installed)*

Feeder Line

Yes

No

Distribution Line

Yes

No

Control/Metering Station

Yes

No

Service Line System

Outside

Inside

Last Connection Pipe – After Connection of:

Gas Meter

Piping dropper

Not Applicable

Others: _____

Gas Appliance System

Yes

No

Gas Detector

Yes

No

Solenoid Valve (SV)

Yes

No

Emergency Shut Off Valve (ESV)

Yes

No

Liquefied Petroleum Gas (LPG) Supply System: *(details system to be installed)*

System:

Manifold

Bulk Tank

Not Applicable

Main piping system – after first stage regulator up to:

Gas Meter

Piping dropper

Not Applicable

Others: _____

Last connection pipe – after connection of:

Gas Meter

Piping dropper

Not Applicable

Others: _____

Gas Appliance System

Yes

No

Gas Detector

Yes

No

Solenoid Valve (SV)

Yes

No

Emergency Shut Off Valve (ESV)

Yes

No

PART F: DESIGN OF GAS INSTALLATION**1. Design of Gas Installation**

Category of gas consumer Domestic Commercial Industrial

Total capacity of gas usage (*mmBtu/hr*)

(a) Cylinder

Total cylinder (<i>C-50 / 50kg</i>)	
Individual capacity (<i>kl</i>)	
Aggregate capacity (<i>kl</i>)	
Cylinder replacement frequency (<i>day</i>)	

(b) Bulk Tank

Total tank	
Individual capacity (<i>kl</i>)	
Aggregate capacity (<i>kl</i>)	

2. Information of Competent Person

Name of Competent Person			
Phone No.			
Category of Competency			
Registration No.		Validity	

3. Information on Welding, Brazing and PE Pipe Jointing

(Please fill in the details below, if involve the above work)

Category*			
Name			
NRIC No.			
Qualification Certificate			
Working Experience			

*Category: Welder, Brazier or PE Joints

PART G: SUPPORTING DOCUMENT

- Authorized/ Appointment letter** to Gas Contractor by owner of gas installation
- Copy of letter of Approval to Operate (ATO)**
(If it involves additional installation or modification of an existing gas installation)
- Calculation** – pipe size and pipe length
- Calculation** – pressure drop
- Calculation** – cylinder replacement frequency / cylinder refilling
- Calculation** – cathodic protection (CP), if there is an underground steel pipe
- Design Drawing** – locality plan and gas storage system layout
- Design Drawing** – schematic / isometric drawings for gas pipeline system
(Including control station / metering station if applicable)
- Design drawing** – gas piping system and gas appliances layout plan
- Form C** – those involve work on an existing gas installation *(refer APPENDIX B)*
- Standard Operating Procedure (SOP)** – those involves with “hotwork” on a gas pipeline system. Please submit a safe work procedure and Form C.
- Wayleave Approval Letter** – the letter of authorization shall be obtained from the parties concerned such as Local Authorities or land owners *(if applicable)*
- Copy of catalogue & Technical specifications** – gas fittings / gas appliances / gas equipment *(Copies of the catalogue for each type / model being used)*

PART H: DECLARATION

I hereby declare that all the above information is true. 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. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

	Company Chop:
Signature of Applicant :	_____
Name :	_____
Date :	_____

TABLE 1

CLASSIFICATION OF GAS INSTALLATION

(Regulation 4)

NO.	CLASS OF INSTALLATION	CRITERIA OF CLASSIFICATION
1.	Class I	<p><i>Natural Gas (NG):</i> Installation with maximum operating pressure exceeding 60 psig.</p> <p><i>Liquefied Petroleum Gas (LPG):</i> (a) Installation with storage tank exceeding 10 kl aggregate water capacity on land and all installations with underground storage tanks; and (b) Pipeline with maximum operating pressure of over 20 psig after first stage regulator.</p>
2.	Class II	<p><i>Natural Gas (NG):</i> Installation with maximum operating pressure of more than 5 psig but not exceeding 60 psig.</p> <p><i>Liquefied Petroleum Gas (LPG):</i> (a) Installation with storage tank not exceeding 10 kl aggregate water capacity on land; or (b) Installation with manifold cylinders exceeding 2.5 kl aggregate water capacity (vapour withdrawal or vapour and liquid withdrawal with vaporizer); and (c) Pipeline with maximum operating pressure of over 5 psig but not more than 20 psig after first stage regulator.</p>
3.	Class III	<p><i>Natural Gas (NG):</i> Installation with maximum operating pressure not exceeding 5 psig.</p> <p><i>Liquefied Petroleum Gas (LPG):</i> (a) Installation with manifold cylinder not exceeding 2.5 kl aggregate water capacity (vapor withdrawal only); and (b) Pipeline with maximum operating pressure not exceeding 5 psig after first stage regulator.</p>

FORM C

NOTICE OF WORK ON A GAS INSTALLATION

(Regulation 10)

1. Name of licensee :

2. Address of licensee :

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3. License No. :

4. Location of installation :

.....

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5. Type of work to be done :

6. Contractor:

7. Competent Person:

(i) Name :

(i) Name :

(ii) Address :

(ii) NRIC No. :

.....

(iii)Registration No.:

.....

.....

(iii)Registration No.:

I hereby notify that in accordance with the Distribution of Gas Ordinance, 2016 [Cap. 72] and Regulation 10 of the Distribution of Gas (Installation & Competency) Regulations, 2021 [Swk. L.N. 273/2021] the above work will be carried out at the above location of installation.

Date :

.....

(Stamp and Signature of Licensee)

NOTES:

In the case of any installation or alteration is to be carried out on an existing gas installation, the competent person shall submit a working procedure to the Director of Gas Distribution.