



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 5 (b)

APPLICATION FOR CERTIFICATE OF APPROVAL (COA) OF GAS FITTING, GAS APPLIANCE AND GAS EQUIPMENT

GUIDELINE TO APPLICANT

- 1) Please duly complete Form Gas/COA/02 (GD 5(b)), 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 **as listed in Part E & F are provided**.
- 2) Please tick (√) in the appropriate box

PART A: CATEGORY OF APPLICATION *(Tick where applicable)*

<input type="checkbox"/> Manufacturer / Assembler	<input type="checkbox"/> Importer
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PART B: PARTICULAR OF APPLICANT

Company Name	:	
Address	:	
Name of coordinator	:	
Business Contact	:	Office Phone : _____ Office Fax : _____ E-mail : _____
No. Certificate of Approval For Manufacturer/Assembler or Importer	:	Certificate No. : _____ Validity Until : _____

PART C: INFORMATION ABOUT GAS EQUIPMENT

Name	:	
Model	:	
Brand	:	
Design Code	:	

PART D: PARTICULAR OF MANUFACTURER/ASSEMBLER (FOR IMPORTER ONLY)

Company Name	:	
Address of Manufacturer/Assembler	:	
Contact No.	:	Office Phone : _____ Office Fax : _____ E-mail : _____

PART E: TEST REPORT

	Test Report by SIRIM	
1.	Design Code	
	Testing Report	
	Testing Report by Others Agency (if applicable)	
2.	Design Code	:
	Testing Report	:

Please provide a certified copy of the test certificate.

PART F: DECLARATION

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

1. Schematic drawing / picture of gas equipment
2. Technical specifications (copy of catalogues)
3. User Manual of equipment
4. Sample of equipment.
5. Copies of test reports by SIRIM or laboratories accredited by national accreditation bodies which are members of the International Laboratory Accreditation Corporation (ILAC) or other Testing Body recognized by the Gas Distribution Division or the Occupational Safety Authority recognized by the Department of Occupational Safety and Health.
6. Code / Standard (English version) related in manufacturing and testing of equipment (other than Malaysian Standard, ISO, ASME, EN and UL)

(Check (✓) the boxes)

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.: _____

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

Application Ref. No.: _____ **Date:** _____

Application Type: **Manufacturer / Assembler**

Importer

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

Review/ Checked by: _____ **Date:** _____