



Application for Approval Certification of a Type A Gas Appliance

Pursuant to Section 13E of the *Gas Standards Act 1972*. Please complete the two-page form using block letters.

To: **Type A Gas Appliance Certification Inspector**

For Office Use Only									
Approval Number:									

I, the undersigned, apply for approval of the gas appliance described below in accordance with the requirements of Sections 13D and 13E of the *Gas Standards Act 1972 (WA)* and I accept the General Conditions of Approval.

Gas Appliance Details						
Appliance Type: <small>**Please Tick Appropriate Box</small>	<input type="checkbox"/>	**Domestic	<input type="checkbox"/>	**New	No. of Appliances Covered by this Application (Must be Identical)	
	<input type="checkbox"/>	**Commercial	<input type="checkbox"/>	**Reconditioned		
Appliance Description:				Trade Name:		Gas Type:
Appliance Category: <small>(Code Approved To)</small>		Model No.:		Serial No.:		
		Gas Consumption in MJH:		Injector Size(s):		Operating Pressure, kPa:
Appliance Documentation Must Be Submitted With Application:				Does the appliance contain electrical equipment: Yes / No		
<ul style="list-style-type: none"> • Technical specifications <input type="checkbox"/> • Installation instructions <input type="checkbox"/> • Operating instructions <input type="checkbox"/> 				If YES, attach a Test Report from an approved Testing Laboratory OR complete the details below by a Licensed Electrical Contractor.		

Safety Inspection of the Electrical Parts (sub-assemblies and/or components) of a Gas Appliance		
<p>The undersigned licensed electrical contractor hereby declares that the electrical parts in the gas appliance described below have been inspected and the electrical sub-assembly and components are suitable for connection to consumer electrical installations in Western Australia and comply with one or more of the following Standards as relevant:</p> <p style="text-align: center;">• AS/NZS 3100 • AS/NZS 60065 • AS/NZS 60335.1</p>		
Name of manufacturer/importer:		
Appliance Description:		
Electrical Nameplate Marking:		
Voltage rating: <small>volts</small>	Frequency: <small>Hz</small>	Power/Current rating:
Inspection by Electrical Contractor:		Name
Licence No.:	Signature:	Date:

Preliminary Appliance Checks		
<small>**Please tick appropriate box for each question</small>		
• Has a pressure test been carried out and is the appliance gas tight?	<input type="checkbox"/> **YES	<input type="checkbox"/> **NO
• Does the flame safeguard (if fitted) cut off the gas within the specified time?	<input type="checkbox"/> **YES	<input type="checkbox"/> **NO
• Has a combustion test been carried out and is the CO/CO ₂ ratio within acceptable limits?	<input type="checkbox"/> **YES	<input type="checkbox"/> **NO
CO _____ CO ₂ _____ CO/CO ₂ Ratio _____		
• Have you carried out your own checks on this appliance in accordance with design requirements?	<input type="checkbox"/> **YES	<input type="checkbox"/> **NO
• Name of person who carried out checks:		

General Conditions of Approval

The applicant hereby agrees:

- (i) That the Inspector will not be held responsible for loss, injury or damage from any cause while the appliance described above is in transit, in situation, or being examined and tested for the purpose of approving the appliance.
- (ii) That this approval will only apply to the particular appliance described above and that the approval does not extend to any other appliance (whether it is identical or not).
- (iii) That for 'type approval' of up to a maximum five (5) identical appliances each appliance must be separately tested but can be covered by a common 'approval number'. In this case the Director of Energy Safety's written approval must be obtained prior to carrying out certification.
- (iv) That the installation and operation instructions are submitted for approval as part of this appliance.
- (v) That any individual Badge of Approval is issued on the following conditions:
 - 1. That the certification shall apply only to the particular appliance specifically described in this application and to which EnergySafety's badge carrying this Approval Certification number has been affixed.
 - 2. That the appliance shall only be used for the gas for which it has been designed and tested by the Inspector.
 - 3. That the certification shall cease to be valid if any alteration is made to the original approved appliance or if the appliance is not operated in accordance with the approved manufacturer's instruction.
- (vi) That the cost of testing shall be borne by the applicant regardless of the success or otherwise of the tests.

The manufacturer or distributor warrants that the appliance is safe to use and fully complies with all Australian or Australian Gas Association Standards/Codes and seeks approval to sell, hire or advertise the appliance in accordance with Section 13D of the *Gas Standards Act 1972*.

Applicant's Details

Applicants Name: _____

Business Name (If Applicable): _____

Address: _____

Post Code: _____

Telephone Number: _____ Email: _____

Note: Failure to supply all the relevant details and documents may delay the assessment of this application. Applicants should allow a minimum of 5 working days for processing of this application.

Signature of Applicant: _____ Print Name: _____ Date: _____

Proposed Installation Details (if available)

Name: _____ Telephone Number: _____

Address: _____

Postcode: _____

FOR OFFICE USE ONLY

Approved: Not Approved: Code Approved To:

Inspector No:

Comments: _____

Signature of Type A Gas Appliance Certification Inspector: _____ Date: _____