

# Type A Appliance Certification Details

Please complete in **BLOCK LETTERS**.

## Gas installation details

Gas application number

Applicant name

Applicant address

VBA licence number

Installation address

## Appliance #1

Appliance type

Manufacturer

Model

Serial number

Certification authority

Certification number

## Appliance #2

Appliance type

Manufacturer

Model

Serial number

Certification authority

Certification number

## Appliance #3

Appliance type

Manufacturer

Model

Serial number

Certification authority

Certification number

## Appliance #4

Appliance type

Manufacturer

Model

Serial number

Certification authority

Certification number

**Signature**

**Date**

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By signing this form, I certify that I am the person named above and this gas installation will meet the requirements of the Gas Safety Act 1997 and the Gas Safety (Gas Installation) Regulations 2008. I understand it is an offence to provide false or misleading information to Energy Safe Victoria under section 117 of the Gas Safety Act 1997.

Please return this form via email to [gasapplication@esv.vic.gov.au](mailto:gasapplication@esv.vic.gov.au), fax **(03) 9271 5454** or via **GasTrac**

**Should there be insufficient space for all appliances please copy and attach additional forms.**