

Application for Waiver of Pre-commissioning Certificate

Pursuant to Regulation 21 Hazardous Substances (Compressed Gases) Regulations 2004

To be Filled in by Cylinder Testing Station

| Testing Station Details | | | |
|--------------------------------|--|------------------|--|
| Testing Station Name | <input style="width: 95%;" type="text"/> | Phone Number(s) | <input style="width: 95%;" type="text"/> |
| Contact Name | <input style="width: 95%;" type="text"/> | Facsimile Number | <input style="width: 95%;" type="text"/> |

| Cylinder Details | | |
|-----------------------------|---------------------|------------|
| Detail | Stamped on Cylinder | Calculated |
| Manufacturer | | |
| Inspection Authority | | |
| Manufactured Date | | |
| Specification | | |
| Test Pressure | | |
| Working Pressure | | |
| Water Capacity | | |
| Serial Number | | |
| Outside diameter (mm) | | |
| Height (mm) | | |
| Neck Thread | | |
| Cylinder Weight | | |
| Gas Traffic/Use of cylinder | | |
| Owner | | |

Possible LAB number

LAB number: Signed: Date:

The application fee of \$100 plus GST (\$112.50 incl GST) is attached to this application No Yes

For Office Use Only

Verification

Issue LAB Number: Signed: Date:

Declined: Signed: Date:

Recommended for Authorisation

| | | | |
|----------|----------|--|--|
| Approved | Declined | Signed: <input style="width: 95%;" type="text"/> | Date: <input style="width: 95%;" type="text"/> |
|----------|----------|--|--|

| Approved | Declined |
|--|--|
| LAB number SP is to be stamped on the cylinder | No LAB number to be stamped on the cylinder and the cylinder must not be filled. |
| Signed: | Signed: |
| Date: | Date: |

| | |
|--------------------------------------|--|
| Date application received: / / | Date application fee received: / / |
|--------------------------------------|--|