



Gas Distribution Connection Forms

Updated 1 April 23

Gas Distribution Connection Forms

S/No.	Form No.	Description
1	GD1	Application for Gas Distribution Connection
2	GD2	Application for Admittance of Gas
3	GD3	Certificate of Proof Test
4	GD4	Authorisation to Turn On Gas Meter Control Valve

FORM GD1 - APPLICATION FOR GAS DISTRIBUTION CONNECTION

To: PowerGas Ltd
c/o HOS (Gas Distribution Planning)
SP PowerGrid Ltd

Through Retailer	
_____ Signature, Name & Designation of Retailer Representative	_____ Name of Retailer

GAS CONNECTION TO:

(Project Name)

(Address of Gas Installation)

I would like to apply for connection to the PowerGas' gas distribution pipeline network for the above project.

I hereby submit the following documents and certify that the information provided is correct:

- Consumer Project Data Sheet (GD1 Appendix 1).
- Location / site plan showing the project site and proposed connection point(s).
- Location of Meter Installation & indicative pipe route from property boundary to the Meter Installation (Applicable for Natural Gas connections only).

Name of Applicant : _____

Designation : _____

Company : _____

Signature/ Date: _____

CONSUMER PROJECT DATA SHEET

Consumer Information			
Project Name :			
Address of Premises / Development :			
Request Type :	New supply connection / Retailer switch (NG only) *		
Consumption Information			
Type of Gas :	Town Gas / Natural Gas *		
Consumer Type :	Residential / Non-residential *		
Application of Gas :	Co-Gen / Tri-Gen / Boiler / Cooking / Water Heating / Others * If Others, please specify : _____		
(NG only) Retailer Name :			
(NG only) Injection Point :			
Gas Consumption Duration per Day :	8 / 12 / 24 * hours or otherwise, please specify : _____		
Expected Gas Admittance Date :	(DD/MM/YY)		
Gas Usage :	If gas supply is meant for interim use (less than 5 yrs), please specify duration of gas usage in years : _____		
Delivery Pressure and Flowrate			
Applicable to NG projects only *	Load profile	Year 1	mmBtu / year
		Year 2	mmBtu / year
		Year 3	mmBtu / year
		Year 4	mmBtu / year
		Year 5	mmBtu / year
		Maximum Instantaneous Flowrate :	Sm ³ /hr
		Minimum Flowrate :	Sm ³ /hr
		Outlet Pressure at GSIV :	barg
Applicable to TG projects only *	Average Monthly Consumption :	kWh/mth	
	Maximum Instantaneous Flowrate :	Sm ³ /hr	
Design pressure of gas installation :		barg	

Submitted by Applicant	Confirmation by Retailer
Name of Company :	Name of Retailer :
Name of Officer :	Name of Officer :
Designation :	Designation :
Date :	Date :
Signature :	I agree with the above information provided by the applicant. Signature :

Note : The above is for information purposes only.
PowerGas may not be able to nor is obliged to fulfil any of the above requirements.

*Delete where applicable

FORM GD2 - APPLICATION FOR ADMITTANCE OF GAS

PowerGas Ltd
c/o HOS (Gas Distribution Projects)
SP PowerGrid Ltd

Through Retailer

Signature, Name & Designation
of Retailer Representative

Name of Retailer

(Project Name)

(Address of Premises / Development)

- (A) I, the Designated Representative (DR) of the above project, certify that,
- i. The gas installation from the GSIV up to the Meter Installation (excluding GSIV and Meter) is ready to receive gas.
 - ii. The consumer internal pipe is not connected to the meter installation.
 - iii. I attached the following forms for your reference please:
 - GD2 Appendix 1 - "Certificate of Completion"
 - GD2 Appendix 2 - "Certificate of Final Pressure Test"
 - iv. All end points are capped / blanked / plugged off.
 - v. I undertake to conduct Proof Test and submit GD3 immediately prior to the connection.
 - GD3 "Certificate of Proof Test"

Signature and Stamp of DR / Date

Name : _____

PE / LGSW * No. : _____

- (B) I hereby request for admittance of gas to the gas installation up to, but excluding, the Meter Installation on _____.

Signature of Applicant / Date

Name : _____

Designation : _____

To the Retailer:

This is to confirm gas admittance shall be carried out on _____ (date) at _____ (time).

Please notify all relevant personnel to be present on site.

SPPG Officer-in-charge

CERTIFICATE OF COMPLETION

PowerGas Ltd
c/o HOS (Gas Distribution Projects)
SP PowerGrid Ltd

Through Retailer

Signature, Name & Designation
of Retailer Representative

Name of Retailer

(Project Name)

(Address of Premises / Development)

I, the Designated Representative (DR) of the above project, hereby certify that the Gas Installation for the above project from the GSIV up to the Meter Installation (excluding GSIV and Meter) have been designed and constructed in compliance with the requirements of the latest revision of the following, where applicable:

- Gas Act (Cap 116A);
- Gas (Supply) Regulations;
- Gas Supply Code;
- Singapore Standard, SS 608 – Code of Practice for gas Installation;
- Other relevant code / standard : _____
- All relevant acts, regulations and rules which are applicable to the gas installation;
- All statutory and relevant codes which are applicable to the gas installation;
- All statutory requirements in government laws and relevant regulations of government departments.

2. The design pressure of the Gas Installation is _____ barg.

Signature and Stamp of DR / Date

Name : _____

PE / LGSW * No. : _____

CERTIFICATE OF FINAL PRESSURE TEST

PowerGas Ltd
c/o HOS (Gas Distribution Projects)
SP PowerGrid Ltd

Through Retailer

Signature, Name & Designation
of Retailer Representative

Name of Retailer

(Project Name)

(Address of Premises / Development)

- 1. I, Designated Representative (DR) of the above project, hereby certify that the Gas Installation from the GSIV up to the Meter Installation (excluding GSIV and Meter) has been successfully tested and passed the final pressure test in accordance with the requirements of:

Codes / Standards (Please tick below where applicable)

- Singapore Standard, SS 608 – Code of Practice for Gas Installation; or
- Other relevant code / standard: _____

Pressure Test

Test	Pressure (Barg)	Duration (Hour)	Date Passed
<input type="checkbox"/> First test			
<input type="checkbox"/> Second test			
<input type="checkbox"/> Other test			

- 2. I hereby declare that the above Gas Installation -
 - i. Design Pressure is _____ (barg) and;
 - ii. Maximum Allowable Operating Pressure (MAOP) is _____ (barg).
- 3. I shall notify all parties concerned that the Gas Installation has been completed and pressure tested.

Signature and Stamp of DR / Date

Name : _____
PE / LGSW * No. : _____

* Delete where applicable

FORM GD3 - CERTIFICATE OF PROOF TEST

PowerGas Ltd
c/o HOS (Gas Distribution Projects)
SP PowerGrid Ltd

Through Retailer

Signature, Name & Designation
of Retailer Representative

Name of Retailer

(Project Name)

(Address of Premises / Development)

I, Designated Representative (DR) of the above project, hereby certify that the Gas Installation for the above project from the GSIV up to the Meter Installation (excluding GSIV and Meter) have been tested and successfully passed the proof test¹ on _____ (date).

2. I further certify that the test pressure has been released and the said Gas Installation is currently at atmospheric pressure. Accordingly, I hereby request to proceed with the connection and gas admittance.

3. I shall undertake to purge and commission the Gas Installation from the GSIV up to the Meter Installation (excluding GSIV and Meter) immediately after the gas admittance.

Signature and Stamp of DR / Date

Name : _____

PE / LGSW * No. : _____

¹ Proof test shall be conducted in accordance with the requirements of Singapore Standard SS 608 for installation designed to operate up to 50 kPa or 20 kPa respectively, otherwise, proof test shall be carried out at 100 kPa or the operating pressure, whichever is lower, for a period of 30mins.

REQUEST FOR INTERIM ADMITTANCE OF GAS

I, Designated Representative (DR) of the above project, hereby certify that the Gas Installation for the above project from the GSIV up to the Meter Installation (excluding GSIV and Meter) have been prepared and is ready for purging and commissioning. Please proceed to admit gas for the purpose of purging and commissioning.

Signature and Stamp of DR / Date

Name : _____

PE / LGSW * No. : _____

FORM GD4 - AUTHORISATION TO TURN ON GAS METER CONTROL VALVE

Date : _____

PowerGas Ltd
c/o HOS (Gas Distribution Projects)
SP PowerGrid Ltd

(Project Name)

(Address of Premises / Development)

I, Project Coordinator (PC) of the above project, certify that all legal requirements pertaining to gas safety have been complied with, including (but not limited to) (*) Regulation 3(4)(b) of the Gas (Supply) Regulations.

2. I hereby authorise PowerGas to turn on the Gas Meter Control Valve on my behalf now on _____ (date) at _____ (time).

Signature of PC

Name : _____

Designation : _____

Name of Retailer : _____

* Regulation 3(4)(b) of the Gas (Supply) Regulations states that – where an application for a supply of gas (or for an increase to an existing supply) is made to a gas retailer – the relevant gas retailer shall prior to turning on the gas supply at the relevant gas meter control valve, ensure that the appropriate test as specified in the Gas Supply Code is conducted on the gas appliance and the consumer’s internal pipe including the meter installation to ascertain that it is safe to turn on the gas supply.