



Gas Transmission Connection Forms

Updated 1 April 26

Gas Transmission Connection Forms

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FORM GT1 - APPLICATION FOR GAS TRANSMISSION CONNECTION

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

Through Shipper	
----- Signature, Name & Designation of Shipper Representative	----- Name of Shipper

GAS CONNECTION / GAS INSTALLATION MODIFICATION TO:

[Project name]

[Address of gas installation]

I would like to apply for:

- connection to the PowerGas' gas transmission pipeline network
- modification to gas installation

for the above project.

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

- Consumer Project Data Sheet (Appendix 1)
- Location/ site plan showing the project site
- Location of the proposed connection point where applicable
- Location of the proposed new metering station to be built and owned by the Transporter
- Schematic diagram of the proposed modification with respect to the existing metering station where applicable

Name of Applicant: _____

Designation: _____

Company: _____

Signature/ Date: _____

CONSUMER PROJECT DATA SHEET

Consumer Information	
Project name	
Address	
Type of application	<input type="checkbox"/> New connection <input type="checkbox"/> Modification to existing gas installation
Customer type	<input type="checkbox"/> Power station <input type="checkbox"/> Industrial user
Details of project / proposal	Brief description (to include plan/ schematic diagram):
	Is a new connection to the transmission network required? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Modification to the existing gas installation is carried out at: <input type="checkbox"/> Upstream of the existing Gas Metering Station <input type="checkbox"/> Downstream of the existing Gas Metering Station <input type="checkbox"/> NA

Gas Consumption Information			
Application of gas	Genco / Co-Gen / Tri-Gen / Boiler / Cooking / Water Heating / Others* If Others, please specify: _____	Issued with Generator Licence?	Yes / No*
Gas consumption duration per day	8 / 12 / 24* hours or 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: _____		
Design pressure of user's gas facility	Barg		

*Delete where applicable

FORM GT1 - APPLICATION FOR GAS TRANSMISSION CONNECTION

Appendix 1

Gas Supply and Demand Information		
Pipeline capacity required	<input type="checkbox"/> New/ Additional Capacity	MMBtu / hr
	<input type="checkbox"/> Not Applicable (No new or additional capacity required)	
Injection point (location)		
Offtake point (location)		
Load profile	Year 1	BBtu / year
	Year 2	BBtu / year
	Year 3	BBtu / year
	Year 4	BBtu / year
	Year 5	BBtu / year
	<input type="checkbox"/> Not Applicable (no new or additional gas required)	
Maximum Daily Quantity	BBtu / day	
	<input type="checkbox"/> Not Applicable (no new or additional gas required)	
MROP at GSIV (22.76 Barg or lower)	Barg	
Is a new meter installation required?	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	
	Is new meter installation to be built by Transporter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If Yes, please indicate meter sizing parameter: Max flowrate: _____ BBtu / hr Min flowrate (non-zero): _____ BBtu / hr	

Technical Parameters (for Genco/Co-Gen Only)	
Trip Pressure of Offtake Point	Barg
Fuel Changeover (FCO) Profile	To attach the profile
Ramp up rate on Primary Fuel	MW/min
Ramp up rate on Secondary Fuel (e.g. Diesel)	MW/min
Rated Capacity on Diesel	MW
Deload Rate on Primary Fuel	MW/min

FORM GT1 - APPLICATION FOR GAS TRANSMISSION CONNECTION

Appendix 1

Submitted by Applicant	Confirmation by Shipper
Name of Company:	Name of Shipper:
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.

FORM GT2 - APPLICATION FOR ADMITTANCE OF GAS

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

Through Shipper

Signature, Name & Designation
of Shipper Representative

Name of Shipper

[Name of Project]

[Address of Gas Fitting]

[A] I, the Designated Representative [DR] of the above project, certify that the Gas Fitting from, but excluding, the GSIV up to, [and including / but excluding]*, the Meter Installation, has been,

- I. Designed and constructed in accordance with the requirements of the relevant Legislations, Regulations, Codes and Practices. A copy of the "Certificate of Completion" [Appendix 1] is attached;
- II. Successfully tested and passed the final pressure test and that it is leak free. A copy of the "Certificate of Final Pressure Test" [Appendix 2] is attached;
- III. Capped / blanked / plugged off at all end points

I certify that the Consumer's Internal Pipe is not connected to and is physically separated from the outlet of the Meter Installation.

I further certify that the Gas Fitting from, but excluding, the GSIV up to, [and including / but excluding]* the Meter Installation is ready to receive gas.

I undertake to conduct the necessary proof test on the Gas Fitting from, but excluding, the GSIV up to, [and including / but excluding]*, the Meter Installation and submit the "Certificate of Proof Test" [Form GT3] immediately prior to the connection and gas admittance.

----- Name: -----
Signature and Stamp of PE / Date

PE No. : -----

[B] I hereby request for admittance of gas to the Gas Installation / Gas Fittings up to, [and including / but excluding]* the Meter Installation on -----.

Signature of Applicant / Date

Name: -----

Designation: -----

To the Shipper:

This is to confirm gas admittance shall be carried out on _____. Please notify all relevant personnel to be present on site.

SPPG Officer-in-charge

*Delete where applicable

FORM GT3 - CERTIFICATE OF PROOF TEST

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

Through Shipper

Signature, Name & Designation
of Shipper Representative

Name of Shipper

[Name of Project]

[Address of Gas Fitting]

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

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

3 I shall undertake and proceed to purge and commission the Gas Fitting from, but excluding, the GSIV up to [and including / but excluding]* the Meter Installation after the gas admittance.

Signature and Stamp of PE / Date

Name: -----

PE No. : -----

¹ Proof test shall be conducted in accordance to the requirements of SS 608 or CP 51 where applicable for installation designed to operate up to 50 kPa and 20 kPa respectively. Otherwise, proof test shall be carried out at 100 kPa or the operating pressure, whichever is lower, for a period of 30 mins.

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, but excluding, the GSIV up to [and including / but excluding]* the Meter Installation 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 PE / Date

Name: -----

PE No. : -----

FORM GT4 - AUTHORISATION TO TURN ON GAS METER CONTROL VALVE

Date : _____

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

(Project Name)

(Address of Gas Installation)

I, Consumer / PE *, of the above project hereby authorise PowerGas to open the Gas Meter Control Valve on my behalf now on _____ (date) at _____ (time) for the purpose of gas turn on.

Signature of Consumer / PE

Name : _____

Designation : _____

**Delete where applicable*

FORM GT5 – STATEMENT OF ADMITTANCE OF GAS

To: _____
[Name of Applicant]

For: _____
[Gas Installation or Gas Fitting's Address]

STATEMENT OF ADMITTANCE OF GAS

1 Upon your request, we admitted natural gas up to the outlet valve of the Meter Installation on ____/____/____ at about _____ hrs at the nominal pressure of _____ barg. The Gas Installation or Gas Fitting from the Gas Service Isolation Valve (GSIV) to the outlet valve of the Meter Installation is henceforth connected to the gas supply system.

2 The applicant and Professional Engineer (DR), who certified that the Gas Installation is ready for purging and commissioning, are required to notify all parties concerned, including but not limited to the responsible person, owner, developer, architect, engineer, main contractor and sub-contractors, suppliers, vendors etc. that gas has been admitted into the Gas Installation or Gas Fitting up to the outlet valve of the Meter Installation and to take all necessary precautions to prevent tampering and/or damages to the gas pipes.

3 The applicant and Professional Engineer (DR) are to ensure compliance with all applicable legislation and codes of practice governing such Gas Installation or Gas Fitting including the latest version of the Gas Act (Cap 116A), the Gas (Supply) Regulations and the Gas Supply Code.

4 If you detect or suspect any gas leaks, please contact our 24-hours Customer Service Centre at Telephone No. 1800-752-1800 immediately.

Name of SPPG Representative
SP PowerGrid Ltd
As Agent for and on behalf of PowerGas Ltd

Signature / Date

Acknowledged by:

Signature / Date
Name of Applicant: _____
Designation: _____
Company: _____

Signature and Stamp / Date
Name of PE: _____
PE No. : _____

FORM GT5A – STATEMENT OF INTERIM ADMITTANCE OF GAS

To: _____
[Name of Professional Engineer]

For: _____
[Gas Installation or Gas Fitting's Address]

STATEMENT OF INTERIM ADMITTANCE OF GAS

1 Please be informed that, upon your certification of successful conduct of proof test and request for interim admittance of gas, the Gas Service Isolation Valve [GSIV] was opened and gas was admitted into the Gas Installation or Gas Fitting for the purpose of purging and commissioning on _____ [date] at about _____ [time].

2 Please proceed to purge and commission the Gas Installation or Gas Fitting up to [and including / but excluding]* the Meter Installation immediately.

3 Please notify us upon completion of the purging and commissioning. If we do not hear from you by _____ [date/time], we will terminate the gas supply to the Gas Installation or Gas Fitting and thereafter you are required to re-apply for admittance of gas in accordance to the requirements of the Gas Supply Code.

Signature / Date
Name & Designation:
SP PowerGrid Ltd

To : PowerGas Ltd
c/o SPPG representative

I hereby certify that the Gas Installation or Gas Fitting from the GSIV up to [and including / but excluding]* the Meter Installation has been successfully purged and commissioned.

Signature and Stamp of PE / Date

Name : _____

PE No. : _____