



Gas Distribution Connection Forms

Updated on: 1 April 18

Gas Distribution Connection Forms

S/No.	Form No.	Description
1	GDP101	Application for Gas Distribution Connection
2	GDP102	Consumer Project Data Sheet (For information only)
3	GDP105	Application for Admittance of Gas
4	GDP106	Certificate of Completion
5	GDP107	Certificate of Final Pressure Test
6	GDP108	Certificate of Proof Test
7	GDP111	Authorisation to Turn On Gas Meter Control Valve

APPLICATION FOR GAS DISTRIBUTION CONNECTION

To: PowerGas Ltd
c/o HOS [Gas Network Planning]
SP PowerGrid Ltd

Through Retailer

Signature of Retailer Representative
Name / Designation

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 information
- Location / site plan showing the project site and proposed connection point(s)
- Pipe route from property boundary to the Meter Installation and location of Meter Installation where applicable.

Name of Applicant : _____

Designation : _____

Company : _____

Signature/ Date: _____

Consumer Project Data Sheet

Consumer Information			
Project Name :			
Address of Premises/ Development :			
Request type :	Retailer switch [NG only] / New supply connection *		
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 : _____		
Shipper Name [NG only]			
Injection Point [NG only]			
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
MPRS Outlet Pressure		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 fulfill any of the above requirements.

*Delete where applicable

APPLICATION FOR ADMITTANCE OF GAS

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

Through Retailer

Signature of Retailer Representative
Name / Designation

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, but excluding, the GSIV up to, but excluding, the meter installation 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:
 - GDP 106"Certificate of Completion"
 - GDP 107" Certificate of Final Pressure Test"
 - iv All end points are capped / blanked / plugged off
 - v I undertake to conduct Proof Test and submit GDP 108"Certificate of Proof Test" immediately prior to the connection.

Name, Signature and Stamp of DR / Date

*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 of Retailer Representative
Name / Designation

Name of Retailer

[Project Name]

[Address of Premises / Development]

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

- 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 of Retailer Representative
Name / Designation

Name of Retailer

[Project Name]

[Address of Gas Installation]

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

Note: Please tick below where applicable

Codes / Standards

- 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 Maximum Allowable Operating Pressure (MAOP) and the Design Pressure of the above Gas Installation is _____ (Barg) and _____ (Barg) respectively.
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*

CERTIFICATE OF PROOF TEST

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

Through Retailer

Signature of Retailer
Name / Designation

Name of Retailer

[Project Name]

[Address of Premises / Development]

I, Designated Representative of the above project, hereby certify that the Gas Installation for the above project from, but excluding, the GSIV up to, but excluding, the Meter Installation 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, but excluding, the GSIV up to, but excluding, the Meter Installation immediately after the gas admittance.

Signature and Stamp of DR / Date

Name : -----

PE / LGSW * No. : -----

¹ Proof test shall be conducted in accordance to 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 of the above project, hereby certify that the Gas Installation for the above project from, but excluding, the GSIV up to, 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 DR / Date

Name : -----

PE / LGSW * No. : -----

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