



REGISTER OF GAS INSTALLERS OF IRELAND

UNIT 9, KCR INDUSTRIAL ESTATE, RAVENSDALE PARK, KIMMAGE, DUBLIN 12. PHONE (01) 499 7998 FAX (01) 492 9983 e-mail: info@rgii.ie website: www.rgii.ie

Form G12 Version 1

THIS FORM IS TO BE COMPLETED IN CASES WHERE THE GAS INSTALLER IS NOT IN A POSITION TO ISSUE A DECLARATION OF CONFORMANCE CERTIFICATE FOR A NEW INSTALLATION CONSTRUCTED BY HIM.

DETAILS OF INSTALLATION REQUIRING CERTIFICATION

NAME OF CONSUMER/APPLICANT:			
ADDRESS OF INSTALLATION:			
GPRN	PHONE:		
Is the gas installation	a) New (full) b) New (appliance only) (TICK AS APPROPRIATE)		
DETAILS	S OF ORIGINAL GAS INSTALLER		
NAME:			
ADDRESS:			
RGII REGISTRATION NUMBE	CR:		
Date of completion of work:			





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REASON WHY	Y THE GAS INSTALLER IS NOT CERTIFYING THIS INSTALLATION	S
OTHER RELEVANT IN	NFORMATION:	
DETAILS OF REG CONSUMER/APPI	ISTERED GAS INSTALLER (RGI) NOMINATED BY LACANT TO TEST AND CERTIFY THIS INSTALLAT	THE FION
NAME:		
ADDRESS:		
RGII REGISTRATION NUMBER:		
Consumer /Applicant		
SIGNED:	NAME (Block Letters):	

DATE: