



**APPLICATION FORM FOR INDIVIDUAL GAS INSTALLERS**

Please read the accompanying **Guidance Note** prior to completion of this form.

Please use **BLOCK CAPITALS** throughout

**1 APPLICANT** Sole Trader  or Employee

**1.1** Full Name .....

**1.2** Trading Name (if different) .....

..... Date of Birth .....

**2** Personal Address (published on website if sole trader) .....

.....Eircode.....

Tel ..... Mobile.....

Email 1 .....

Email 2 .....

Web Address .....

**3 NAME OF EMPLOYER, if applicable**

.....

Address of Employer or business address if sole trader

.....

.....

**For Office Use**

**Number**

Date received .....

Date checked .....

Date acknowledged .....

Application fee received  Yes  No

Passport Photos received  Yes  No

Qualifications received  Yes  No

Insurance Cert received  Yes  No

Require further information  Yes  No

**4 FURTHER DETAILS OF APPLICANT:**

**4.1** Nature of Business (Tick one or both boxes)  LPG  Natural Gas

Please tick the relevant box(es) below of the type of work carried out:

Installation & Commissioning

Boiler Servicing

Small repairs after safety isolation (NOHZ)

Appliance Servicing & Repair

Boiler Installation

Gas Safety Inspection (Annex E)

Appliance Installation

24-hour availability

LAV I.S. EN 1949 Repair/Service

LAV I.S. EN 1949 Gas Safety Inspection

**4.2** Public Liability Insurance (if sole trader):\* please see guidance document for minimum requirements \*

Name of Insurer .....

**Enclose a copy of your current Insurance Certificate with the completed Application Form**

**4.3** Employers Liability Insurance

Name of Insurer .....

**Enclose a copy of your current Insurance Certificate with the completed Application Form**

**5 REGISTRATION STATUS REQUESTED:**

Registered Gas Installer Full:

Registered Gas Installer Trainee:

**Complete relevant section below:**

**5.1 Accredited Certified Training: Enclose a copy of the certificates with the completed Application Form**

Do you hold a current:

GID (Gas Installation Domestic)  Yes  No Certificate issued by: .....

DGS (Domestic Gas Safety)  Yes  No Certificate issued by: .....

DGA (Domestic Gas Assessment)  Yes  No Certificate issued by: .....

**Certified Trade Qualification:** Do you hold a level 6 relevant national craft certificate in **one** of the following;

Plumbing  Yes  No    Electrical  Yes  No    Gas Fitting  Yes  No    Refrigeration  Yes  No

**5.2 Employment History:** (Please begin with apprenticeship details up to present day)

Name of Employer .....

Address ..... Telephone .....

Dates: From ..... To.....

Further Employment

| Dates | Company | Position |
|-------|---------|----------|
| ..... | .....   | .....    |
| ..... | .....   | .....    |
| ..... | .....   | .....    |

Details of other relevant employments .....

**5.3 Registered Gas Installer Trainee:**

Name of Employer: ..... Phone No: .....

Address of Employer: .....

No. of Years employed: ..... Apprenticeship No: .....

Details of Training:

| Course Attended | Dates(s) | Qualification Achieved |
|-----------------|----------|------------------------|
| .....           | .....    | .....                  |
| .....           | .....    | .....                  |
| .....           | .....    | .....                  |

Name of Supervisor: ..... RGI No: .....

(Must be a Registered Gas Installer)

**Please enclose copy of confirmation of training course(s) with this completed Application Form.**

**6 SAFETY REQUIREMENTS**

**6.1** Do you possess a current copy of and have full knowledge of:

I.S. 813  Yes  No

I.S. EN 1949  Yes  No

**7 UNDERTAKINGS:**

**7.1** Do you undertake to ensure that the standard of your gas installation work always conforms with I.S. 813 / I.S. EN 1949 Gas Installation Domestic  Yes  No

**7.2** Do you agree to read, understand and observe the Rules of Registration of RGII  Yes  No

**7.3** Do you clearly understand the circumstances under which your registration may be suspended or revoked  Yes  No

**7.4** Have you previously applied to be registered by RGII  Yes  No

**7.5** Do you agree to be bound by the CER Criteria Document – The Regulation of Gas Installers with Respect to Safety  Yes  No

**7.6** Do you agree to receive regular communications, reminders and notifications from RGII by email in relation to your membership  Yes  No

**7.7** Do you agree that the data provided by you to the RGII may be shared with third parties for the purposes of enforcing the provisions of the CER Criteria Document and the RGII's Rules and procedures  Yes  No

I, hereby declare that all the information given in this Application Form and the ancillary documentation provided by me is correct to the best of my knowledge and belief and I hereby undertake if registered to observe the Rules of Registered Gas Installers of Ireland as changes are made to it from time to time. [wilfully misleading information will be grounds for expulsion from the Register].

Signed: ..... Date: .....

Name in Block Capitals: .....