

Gas Certificate Form

NOTE: ALL fields are required. Incomplete forms will be returned.

O&R Project Number: _____

Municipal Permit Number: _____

(Installer's Name)

(Installer's Company)

(License #)

(Phone #)

Hereby certifies that all gas piping and appliances installed at:

(Customer Name)

(Address)

A) Meet all installation requirements of: 1) The New York State Fuel Gas Code; 2) The equipment manufacturer; 3) The Orange & Rockland Natural Gas Installation Handbook; 4) The Energy Conservation Construction Code of New York State; and 5) All other applicable state and local laws; and

B) Performed a satisfactory leakage test on _____ at a pressure of _____ psi for a duration of _____ minutes.
(Date)

NOTE: Pressure test must be performed within 90 days of Gas Certification form submittal; form submitted beyond 90-days will be returned.

Remarks: _____

* Installer's Signature: _____ * Date: _____

Is Corrugated Stainless Steel Tubing ("CSST") present? YES _____ NO _____

If YES, I certify that it has been properly bonded to the grounding electrode system of the building:

(Installer's Name)

(Installer's Company)

(License #)

(Phone #)

Remarks: _____

* Installer's Signature: _____ * Date: _____

The undersigned municipal code official inspected this location on _____, 20 _____ and found the gas piping and the following installed gas appliances **to be in compliance:**

Check all applicable and indicate how many of each. At least ONE appliance MUST be checked off, and if "Other," must specify what type of appliance and how many.

Stove _____, Water heater _____, Boiler/furnace _____, Clothes dryer _____,

Gas fireplace _____, Other (specify) _____

Municipal Inspector's Name: _____ Municipality: _____

Phone Number: _____ Fax Number: _____ Remarks: _____

* Municipal Inspector's Signature: _____ * Date: _____

O&R installed a gas meter and/or activated gas at this premise: YES _____ NO _____

If NO, reason: _____

Employee Name: _____ Date: _____

(Print Name)