



Gas Transmission Connection Forms

Updated on: 1 April 17

Gas Transmission Connection Forms

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2	GTP102	Consumer Project Data Sheet (For information only)
3	GTP105	Application for Admittance of Gas
4	GTP107	Authorization to open Gas Meter Control Valve
5	GTP108	Certification of Completion (GSIV to Meter)
6	GTP109	Certification of Final Pressure Test (GSIV to Meter)
7	GTP110	Certification of Proof Test (GSIV to Meter)

APPLICATION FOR GAS TRANSMISSION CONNECTION

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

Through Shipper

Signature of Shipper Representative
Name / Designation

Name of Shipper

GAS CONNECTION TO:

[Project Name]

[Address of Gas Fitting]

I would like to apply for connection to the PowerGas' gas transmission 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 the proposed connection point
- Location of Meter Installation where applicable.

Name of Applicant : _____

Designation : _____

Company : _____

Signature/ Date: _____

Consumer Project Data Sheet

Consumer Information			
Project name			
Address of Gas Fitting			
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: _____		
Delivery Pressure and Flowrate			
Injection point [location]			
Offtake point [location]			
Meter Installation by Transporter?	Yes / No *		
Load profile / Pipeline Capacity Required	Year 1	mmBtu / hr	
	Year 2	mmBtu / hr	
	Year 3	mmBtu / hr	
	Year 4	mmBtu / hr	
	Year 5	mmBtu / hr	
Maximum Daily Quantity	BBtud		
Meter sizing parameters	Max Flowrate	BBtu / hr	
	Min Flowrate	BBtu / hr	
Minimum pressure required at Gas Service Isolation Valve [GSIV]	Barg		
Design pressure of user's gas facility:	Barg		

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.

*Delete where applicable

APPLICATION FOR ADMITTANCE OF GAS

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

Through Shipper

Signature of Shipper Representative
Name / Designation

Name of Shipper

(Name of Project)

(Address of Gas Fitting)

(A) I, the Designated Representative 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,

- Designed and constructed in accordance with the requirements of the relevant Legislations, Regulations, Codes and Practices. A copy of the "Certificate of Completion" (Form GTP108) is attached;
• Successfully tested and passed the final pressure test and that it is leak free. A copy of the "Certificate of Final Pressure Test" (Form GTP109) is attached;
• 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 GTP110) 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

AUTHORISATION TO OPEN 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

CERTIFICATE OF COMPLETION

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

Through Shipper

Signature of Shipper Representative
Name / Designation

Name of Shipper

[Name of Project]

[Address of Gas Fitting]

I, the Designated Representative 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 designed and all gas service works has been carried out in compliance with the requirements of the latest revision of the following:

- Gas Act (Cap 116A);
- Gas (Supply) Regulations;
- Gas (Metering) Regulations;
- Gas Supply Code;
- Gas Metering Code;
- Singapore Standard, SS 608 – Code of Practice for Gas Installation;
- Other applicable 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 I further certify that the design pressure of the above Gas Fitting is _____ Barg.

Signature and Stamp of PE / Date

Name: _____

PE No. : _____

**Delete where applicable*

CERTIFICATE OF FINAL PRESSURE TEST

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

Through Shipper

Signature of Shipper Representative
Name / Designation

Name of Shipper

(Name of Project)

(Address of Gas Fitting)

I, Designated Representative of the above project, hereby certify that the Gas Fitting from, but excluding, the GSIV up to, [and including / but excluding]*, the Meter Installation, has been successfully tested at _____ (Barg) for _____ (hrs) and passed the final pressure test on _____ (date) in accordance to the requirements of:

Note: Please tick where applicable

Singapore Standard, SS 608 – Code of Practice for Gas Installation; or

Other applicable code / standard : _____

2 I hereby declare that the Maximum Allowable Operating Pressure [MAOP] is _____ (Barg).

Signature and Stamp of PE / Date

Name: _____

PE No. : _____

*Delete where applicable

CERTIFICATE OF PROOF TEST

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

Through Shipper

Signature of Shipper
Name / Designation

Name of Shipper

[Name of Project]

[Address of Gas Fitting]

I, Designated Representative 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 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. : -----