



# Gas Transmission Connection Forms

Updated 13 Sep 24

## Gas Transmission Connection Forms

S/No.	Form No.	Description
1	GT1	Application for Gas Transmission Connection
2	GT2	Application for Admittance of Gas
3	GT3	Certificate of Proof Test
4	GT4	Authorisation to Turn on Gas Meter Control Valve

FORM GT1 - APPLICATION FOR GAS TRANSMISSION CONNECTION

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

Through Shipper	
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Signature, Name & Designation of Shipper Representative	Name of Shipper

**GAS CONNECTION TO:**

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[Project Name]

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[Address of Gas Fitting]

I would like to apply for connection to the PowerGas' gas transmission pipeline network / modification to gas installation\* for the above project.

I hereby submit the following documents and certify that the information provided is correct:

- Consumer Project Data information [Appendix 1]
- 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: \_\_\_\_\_

\*Delete where applicable

CONSUMER PROJECT DATA SHEET

Consumer Information	
Project name	
Address	
Type of Application	<input type="checkbox"/> New connection <input type="checkbox"/> Modification to existing gas installation
Customer Type	<input type="checkbox"/> Power Station <input type="checkbox"/> Industrial User
Brief description of project / proposal (please attach location plan of the project with proposed connection point if new connection if required)	

Gas 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: _____		
Design pressure of user's gas facility	Barg		

Gas Supply and Demand Information		
New / additional* Pipeline capacity required		MMBtu / hr
Injection point (location)		
Offtake point (location)		
New / additional* Load profile required (please indicate NIL if no additional gas is required)	Year 1	BBtu / year
	Year 2	BBtu / year
	Year 3	BBtu / year
	Year 4	BBtu / year
	Year 5	BBtu / year
Maximum Daily Quantity (please indicate NIL if no additional gas is required)		BBtu / day
MROP at GSIV (22.76 barg or lower)		Barg
Meter Installation by Transporter?	Yes / No*  If Yes, please indicate meter sizing parameters :  Max flowrate : _____ BBtu / hr Min flowrate : _____ BBtu / hr	

\*Delete where applicable

**FORM GT1 - APPLICATION FOR GAS TRANSMISSION CONNECTION**

Appendix 1

<b>Technical Parameters (for Genco/Co-Gen Only)</b>	
Trip Pressure of Offtake Point	Barg
Fuel Changeover (FCO) Profile	To attach the profile
Ramp up rate on Primary Fuel	MW/min
Ramp up rate on Secondary Fuel (e.g. Diesel)	MW/min
Rated Capacity on Diesel	MW
Deload Rate on Primary Fuel	MW/min

<b>Submitted by Applicant</b>	<b>Confirmation by Shipper</b>
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.

FORM GT2 - APPLICATION FOR ADMITTANCE OF GAS

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

Through Shipper

Signature, Name & Designation  
of Shipper Representative

Name of Shipper

(Name of Project)

(Address of Gas Fitting)

[A] I, the Designated Representative [DR] 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,

- I. Designed and constructed in accordance with the requirements of the relevant Legislations, Regulations, Codes and Practices. A copy of the "Certificate of Completion" [Appendix 1] is attached;
- II. Successfully tested and passed the final pressure test and that it is leak free. A copy of the "Certificate of Final Pressure Test" [Appendix 2] is attached;
- III. 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 GT3] immediately prior to the connection and gas admittance.

Signature and Stamp of PE / Date Name: \_\_\_\_\_  
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









FORM GT4 - AUTHORISATION TO TURN ON 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*