

NORTH ALABAMA GAS DISTRICT

GAS INSPECTION APPLICATION

SYSTEM _____ CITY _____ DATE _____

CUSTOMER NAME _____

ADDRESS _____

METER NUMBER: _____ METER TYPE: _____

TYPE OF APPLIANCE* _____

BTU INPUT _____ BTU OUTPUT _____

VENTED YES _____ NO _____ VENT TYPE _____

ADDITIONAL COMMENTS: _____

TYPE OF APPLIANCE* _____

BTU INPUT _____ BTU OUTPUT _____

VENTED YES _____ NO _____ VENT TYPE _____

ADDITIONAL COMMENTS: _____

TYPE OF APPLIANCE* _____

BTU INPUT _____ BTU OUTPUT _____

VENTED YES _____ NO _____ VENT TYPE _____

ADDITIONAL COMMENTS: _____

<p>I, _____, declare by my signature that the gas piping and or gas work will be installed and tested by myself or my company. As a certified State of Alabama licensed master gas fitter, I understand that I am responsible for the installation of all piping and appliances. All piping will be installed per the specifications of the most recent copy of the INTERNATIONAL FUEL GAS CODE.</p>	
COMPANY NAME OF INSTALLER	RESPONSIBLE MASTER GAS FITTER (PRINTED NAME)
COMPANY ADDRESS	ALABAMA STATE LICENSE NUMBER
COMPANY PHONE NUMBER	

*If additional space is needed for appliance information use the back of this page.

^A copy of a valid Alabama State License and Master Gas Fitter Card is required with the application.