

Gas application form

Taking a few minutes to complete this form and provide a site plan will help us to provide you with an accurate quote.

Your plan will need to be clear with a detailed site location showing its relation to surrounding roads and buildings. You'll also need to show proposed or existing meter locations and include a scale line, with a north arrow.

Your details

Name:

Phone Number:

Email Address:

Site details

Site Name:

Site Address:

Postcode:

Phone Number:

Company details (responsible for the gas bills)

Company Name:

Company Address:

Postcode:

Company Registered Number:

Phone Number:

Existing meter information (if applicable)

Serial Number:

Customer Reference Number:

MPR:

Operating pressures available will vary between 17 and 20.7 Mbar depending on demand and the time of year.

Please tick if this meets your requirements.

If not, please specify:

Work required at your site

- New supply and meter required
- Increase gas supply through existing service pipe/meter
- Alteration to existing supply and/or meter

We'll need a site plan to complete all the above work.

Fit meter to newly installed/existing supply

If yes, please tell us in the box below the diameter of the Energy Control Valve (ECV) that's installed or due to be installed.

Description:

Current service pressure

- Medium Pressure (35-185 Mbar)
- Medium Pressure (65-250 Mbar)
- Medium Pressure (105 Mbar-1.1 bar)
- Medium Pressure (180 Mbar-1.6 bar)
- Medium Pressure (270 Mbar-2 bar)

Intermediate Pressure

Please specify:

Telling us this information means we can provide you with the correct working gas pressure for your appliances. This will help make sure your equipment works properly.



Meter kiosk information

Do you require a meter kiosk? Yes No

If yes, please confirm kiosk type

- Bolt on/Built in
- Freestanding
- Semi concealed

If yes, is kiosk wet or dry model

- Wet box
- Dry box

If no, is kiosk already installed

- Yes
- No

Additional information

Twin stream governor? Yes No

EMS Interface? Yes No

Excavation by customer? Yes No

Booster? Yes No

Type of contract required? Firm Interruptible

Repeat quotation? Please provide previous reference.

Previous Reference Number:

Previous Quotation Date: / /

Please let us know about your gas appliances, including any equipment that you intend to install in the future.

Gas safety (Installation and Use) Regulations, 1998

It is a legal requirement for all gas supplies to be installed in accordance with the Gas Safety (Installation and Use) Regulations, 1998. To comply with this legislation we need the following information about your equipment.

Where can I find this information?

- The appliance data badge
- Your Gas Safe Registered installer
- The appliance installation instructions
- An independent company that provides this service e.g. your architect or mechanical engineer
- British Gas Commercial Services (0845 071 4444)

Tell us about your energy usage

Appliance One: <input type="text"/>	Connection Type: <input type="checkbox"/> New <input type="checkbox"/> Existing	Peak Hourly Load (Input): <input type="text"/>	Unit of Rating <input type="checkbox"/> kW <input type="checkbox"/> m ³ /hr
Appliance Two: <input type="text"/>	Connection Type: <input type="checkbox"/> New <input type="checkbox"/> Existing	Peak Hourly Load (Input): <input type="text"/>	Unit of Rating <input type="checkbox"/> kW <input type="checkbox"/> m ³ /hr
Appliance Three: <input type="text"/>	Connection Type: <input type="checkbox"/> New <input type="checkbox"/> Existing	Peak Hourly Load (Input): <input type="text"/>	Unit of Rating <input type="checkbox"/> kW <input type="checkbox"/> m ³ /hr

Telling us what appliances and equipment you're using helps us to calculate the correct size of gas service and meter that we will install at your premises.

Annual load (kWh)

Existing Annual Load: <input type="text"/> kWh	Additional Annual Load: <input type="text"/> kWh	Total Annual Load: <input type="text"/> kWh
--	--	---

This helps us make sure we install the appropriate gas service and meter size for your needs.

Specific circumstances

Please let us know if there are any special circumstances we need to consider (e.g. unusual environmental conditions, presence of harmful substances etc).

Customer declaration

Please sign and date this form confirming all information is correct to the best of your knowledge.

Signature:

Date: / /

Please post your completed forms to:
British Gas, Connections and Metering Team,
4 Callaghan Square, Cardiff, Glamorgan, CF10 5BT.

Your call may be recorded for quality and compliance purposes.