

## Part L: Experience Statement for **Type B Gasfitting** work

If you are applying to be registered in the **Type B Gasfitting** class of plumbing work, use this form to tell us about your previous **Type B Gasfitting** work.

### In column 1

Tick each area of work that you have done, otherwise leave blank.

### In columns 2 and 3

For the column 1 items that you ticked, identify how often you did the work (column 2), and when (column 3).

### In column 4

Explain your exact role in undertaking the work that you describe in columns 2 and 3.

### Remember

- Please include as much detail as possible, because the Victorian Building Authority (VBA) will use this statement to work out whether you have enough experience for registration.
- In your application, you will need to provide references to confirm you have completed this work.
- You must not (under section 221V of the *Building Act 1993*) give any false or misleading statement or information in your application.
- To meet the registration requirements, you don't need experience in all the work items listed in column 1. But you do need experience in most of them.
- The VBA will return your application if it is incomplete or doesn't have enough detail, and ask you for more information.

| Column 1  | Column 2   | Column 3   | Column 4   |
|---|--|--|--|
| What type of work have you done?  | How many times have you done this type of work?  | When did you do this work? Give the approximate dates. | What were your exact responsibilities? Please list them. |
| <input type="checkbox"/> Analysed and interpreted design specifications for Type B gas appliances   | <input type="checkbox"/> 1 – 5 times<br><input type="checkbox"/> 6 – 20 times<br><input type="checkbox"/> 21 – 100 times<br><input type="checkbox"/> 100 + | <i>Month / Year</i>                                    |  |
| <input type="checkbox"/> Installed and tested type B gas appliances and components, undertook gas and electrical safety checks, and completed and recorded isolation procedures | <input type="checkbox"/> 1 – 5 times<br><input type="checkbox"/> 6 – 20 times<br><input type="checkbox"/> 21 – 100 times<br><input type="checkbox"/> 100 + |  |  |
| <input type="checkbox"/> Installed electrical wiring and wiring enclosures  | <input type="checkbox"/> 1 – 5 times<br><input type="checkbox"/> 6 – 20 times<br><input type="checkbox"/> 21 – 100 times<br><input type="checkbox"/> 100 + |  |  |

|                          |  |  |  |  |
|--------------------------|--|--|--|--|
| <input type="checkbox"/> | Installed and commissioned Type B gas appliances and components that use LPG, natural gas, combination fuels or tempered liquefied petroleum gas | <input type="checkbox"/> 1 – 5 times<br><input type="checkbox"/> 6 – 20 times<br><input type="checkbox"/> 21 – 100 times<br><input type="checkbox"/> 100 + |  |  |
| <input type="checkbox"/> | Tested flue gases  | <input type="checkbox"/> 1 – 5 times<br><input type="checkbox"/> 6 – 20 times<br><input type="checkbox"/> 21 – 100 times<br><input type="checkbox"/> 100 + |  |  |
| <input type="checkbox"/> | Serviced Type B gas appliances   | <input type="checkbox"/> 1 – 5 times<br><input type="checkbox"/> 6 – 20 times<br><input type="checkbox"/> 21 – 100 times<br><input type="checkbox"/> 100 + |  |  |

|  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Repaired or replaced Type B gas appliances according to manufacturer specifications | <input type="checkbox"/> 1 – 5 times<br><input type="checkbox"/> 6 – 20 times<br><input type="checkbox"/> 21 – 100 times<br><input type="checkbox"/> 100 + |  |  |
|--|--|--|--|

*Please continue to the next page.*

Remember: The information provided in this form must be true and correct. It is an offence under section 221V of the *Building Act 1993* to give false or misleading information in relation to an application for registration, and this offence carries a maximum penalty of 50 penalty units.

I declare that the information contained in this form is complete and true to the best of my knowledge. And I understand that the VBA may make enquiries in order to verify any of the information I have given on this form and I consent for the information provided in this form to be shared with any other third party for that purpose.

Applicant name

Applicant signature

Date