

Network Construction Operations (Gas) - Meter Disconnection

Notification of Replacement Individual Form - For use when the organisations single, named individual with Gas Safe has left

The individual's 'Organisation' (Employer) must hold Gas Safe registration and appoint a named and appropriately qualified individual to be the individual registered with Gas Safe for Meter Disconnection. Where the named individual leaves the organisation, a replacement must be identified, registered on EUSR for Meter Disconnection. Upon EUSR registration, the replacement individual will be notified to Gas Safe.

EUSR ID _____ Date of Birth D D / M M / Y Y Y Y

First Name _____

Last Name _____

NI No. _____

Mobile No. _____

E-mail _____

I hold a current EUSR Registration for: Service Layer Mains Layer

I am applying for a EUSR Registration for: Service Layer Mains Layer

I certify that I have provided the details above and have agreed to be the named individual registered for Meter Disconnection with Gas Safe. I understand that these details will be shared with Gas Safe only for the purpose of my Employer applying for Gas Safe registration and that I will be the single named individual.

Individual's Signature

Meter Disconnection - Route to Registration:

- City & Guilds - NCO (Gas) Unit 219 - Disconnection of Gas Meters
- Gas Safe - ACS Assessment
- Energy & Utility Skills - Endorsed Training Programme (ETP)
- Gas Network Team Leader (GNTL) Apprenticeship - Service Layer
- Gas Network Operative (GNO) Apprenticeship - Service/Mains Layer

Employer Name _____

Address _____

Postcode _____ Gas Safe Reg No. _____

Employer Declaration:

This must be signed by a Senior Officer/Manager at the employing company



I certify that the above named individual is employed with this company in the role of Service/Mains Layer and that they meet the requirements for Meter Disconnection registration. I have verified all the evidence required in accordance with the scheme criteria, supplied copies of certificates where required, and I confirm that the details provided are correct to the best of my knowledge and belief. Where a photograph is provided, it is a true likeness of the individual. I also confirm that this organisation will apply to Gas Safe for registration as an organisation for the purposes of Meter Disconnection, using the named individual as part of our application. I understand that should the individual leave the organisation, we must notify you immediately of an appropriately qualified replacement individual, and that any failure or delay in notifying you may result in Gas Safe registration becoming invalid and/or being removed.

Signatory _____

Full Name _____

Position/ Job Role _____

EUSR ID _____ Date D D / M M / Y Y

Signature

Payment Details ONLINE SHOP PO

Account No. _____ PO No. _____

Name _____

Invoice Address _____

Postcode _____ Contact No. _____

Send Card to: Invoice Address Other (Please specify below)

Name _____

Return Address _____

Postcode _____ Contact No. _____

EU Skills Use Only
EUSR ID _____

See overleaf for our Data Protection (GDPR 2018) - Privacy Notice