Certification of Final Testing on Gas Line and Fittings

(This form must be completed and provided to the inspector at final inspection)

PERMIT NO._____ **Date of Work Completion:**_____

Site Address:_____ **City:**_____

Company/Installer Name:_____

Describe the Scope of Work Performed **Be specific - include what work was performed, what new components were installed (i.e. gas line, fittings, shut-off valves), and the type of material (i.e. black iron, copper, corrugated stainless steel, plastic). Attach additional sheet(s) if needed]:**

Type of Approved Test Performed: _____

I certify that on _____ **the above stated approved test was completed in accordance with Section 406 of the MN Fuel Gas Code, that all work was completed prior to the test, and that no leaks were detected upon completion of the test.**

(Date)

_____

(Signature of Certifying Individual) (Certification Date)

_____

(Printed Name)

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