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**AUTORITI KAWALAN BANGUNAN DAN INDUSTRI PEMBINAAN (ABC*i*)**

**KEMENTERIAN PEMBANGUNAN, NEGARA BRUNEI DARUSSALAM**

*AUTHORITY FOR BUILDING CONTROL AND CONSTRUCTION INDUSTRY (ABCi)*

*MINISTRY OF DEVELOPMENT, NEGARA BRUNEI DARUSSALAM*

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| **SIJIL PENGIKTIRAFAN SYARIKAT/FIRMA UNTUK UJIAN JENTERA PENGANGKAT SELAMAT DIGUNAKAN***CERTIFICATE OF ACCREDITATION OF COMPANIES AUTHORISED TO TEST AND CERTIFYING SAFETY OF LIFTING EQUPMENTS* |

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| 1. **PERHATIAN/** *ATTENTION* :
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| Permohonan hendaklah diisikan oleh Pengurus atau Pegawai yang diberi kuasa oleh Syarikat dimana wajar.*The applications have to be done by the Officer in Charge appointed by the Company where appropriate.* |
| 1. **DOKUMEN-DOKUMEN DIPERLUKAN/** *SUPPORTING DOCUMENTS* :

 **Sila** 🗹 **Petak** *[ Please 🗹 Box ]* |
| * Borang Pendaftaran/ *Registration Form* – ABCi/SCS/Lifting (2018);
* Mempunyai Sijil/ *Possess Certificate* – *Lifting Equipment Engineering Association UK (LEEA);*
* Mengikuti Kursus dan Peperiksaan sebagai Pemeriksa Jentera Pengangkutan/ *Follow course and exam as lifting appliances examiner*;
* Mempunyai pengalaman dalam membuat pemeriksaan ke atas Jentera Pengangkutan/ *Have experience in doing examination on*

*Lifting Appliances*;* Keterangan Peribadi/ *CV*;
* Salinan Sijil-Sijil/ *Copies of Certificates*
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| 1. **JENIS PENDAFTARAN/** *TYPE OF REGISTRATION* :

 **Sila** 🗹 **Petak** [ *Please 🗹 Box* ] |
| * B$ 400.00 - Pendaftaran Baru/ *New Application Fee*
* B$ 200.00 - Membaharui Pendaftaran/ *Annual Registration Fee*
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| 1. **PERBADANAN PERSIJILAN/** *CERTIFICATION BODY :*
 |
| **NAMA PERBADANAN PERSIJILAN / PEMERIKSA / JENTERA PENGANGKAT***NAME OF CERTIFICATION / INSPECTION BODY FOR CRANE / LIFTING EQUIPMENT :* ………………………………………………………………………………………………………………………………………………….. |
| **ALAMAT SYARIKAT/** *COMPANY ADDRESS :*1. Alamat Berdaftar/ *Registered Address :*

 …………………………………………………………………………………………………………………….………………..….….. ……………………………………………………………………………………………………………………….……………………. Poskod/ *Postcode* : .……………………….……................. Office Tel.: …………………………. Fax No.: ………………………….. Email.: ……………………...…….….………..1. Pegawai Dihubungi/ *Contact Person :*

 Nama/ *Name* : ……………………………………………………………………………………………………………………………. Office Tel.: …………………………. Fax No.: ………………………….. Email.: ……………….…………………….…. |

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| 1. **SKOP AKTIVITI YANG DIPOHONKAN UNTUK DI IKTIRAF/** *SCOPE OF ACTIVITY FOR WHICH RECOGNITION IS SOUGHT :*
 |
| **JENIS KREN/JENTERA PENGANGKUT/** *TYPE OF CRANE/LIFTING EQUIPMENT*  |
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| 1. **PEGAWAI KOMPETEN YANG DIBERI KUASA MENJALANKAN PERSIJILAN PEMERIKSAAN BAGI KREN / JENTERA PENGANGKAT/** *AUTHORISED COMPETENT PERSON PERFORMING CERTIFICATION / INSPECTION OF CRANE / LIFTING EQUIPMENT :*
 |
| **NAMA PEGAWAI YANG KOMPETEN***NAME OF COMPETENT PERSON* | **KELULUSAN***QUALIFICATION* |
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| 1. **SENARAI SYARIKAT/** *LIST OF FIRMS :*

**(Rekod klien dalam satu (1) tahun lepas)** (*Submit record of clients for the previous 1 year)* |
| **BIL./** *NO*. | **SENARAI SYARIKAT YANG MEMOHON PERSIJILAN BAGI SENARAI JENTERA***LIST TO FIRM APPLYING CERTIFICATION OF LISTING EQUIPMENT* | **JENIS KREN / JENTERA PENGANGKAT** *TYPE OF CRANE/LIFTING EQUIPMENT* | **KETERANGAN/** *DESCRIPTION* | **JUMLAH** **KUANTITI***TOTAL QUANTITY* |
| **MODAL/BUATAN***MODEL/MAKE* | **BERAT***WEIGTH* | **NEGERI ASAL** *COUNTRY OF ORIGIN* |
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| 1. **PENGESAHAN** *[ FORMAL DECLARATION ]:*
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| Saya / Kami mengaku dan mengesahkan bahawa maklumat diberikan dan salinan-salinan dokumen-dokumen yang dihadapkan adalah betul. Saya / Kami tahu dan faham bahawa pemalsuan terhadap sebarang maklumat dan dokumen-dokumen disertakan menjadikan permohonan saya / kami ditolak dan sebarang kebenaran terdahulu akan ditarik balik.*I / We declare and confirm that the information given and photostated copies of documents submitted as requested are authentic. I / We am / are aware and understand that any information and documents found to be false shall cause my / our application to be rejected and any approval granted shall be revoked.*Tandatangan/ *Signature* :……………………………………………………..………….Nama/ *Name* :…….……………………………… ………………………….Jawatan/ *Designation* :…………………………………………………………………Bilangan Kad Pengenalan / Pasport/ *I.C. / Passport* :…………………………………………………………………Tarikh/ *Date*  :………………………………………………………………… Cop Syarikat/ *Company Chop*  |

\*Sila lampirkan maklumat tambahan (jika perlu) *[Please attach additional info (if necessary)]*

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| **Untuk Kegunaan Pejabat Sahaja** *[ For Office Use Only ]* |
| Tarikh Menerima/ *Date Received* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nama Penerima/ Person Received :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Bil. Rujukan/ *Reference No*.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bil. Pendaftaran/ Registration No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Jenis Permohonan/ *Type of Application* :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bil. Resit/ Resit No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |