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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* : |
| 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* |
| 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* |
| 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 ]:* | | | | | | | |
| 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.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |