

**GAS PRESSURE TEST AFFIDAVIT**

Date: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING UPON COMPLETION OF THE GAS PRESSURE TEST**

- Date test was conducted? \_\_\_\_\_
- Location where test was conducted? \_\_\_\_\_
- Duration of test? \_\_\_\_\_
- Number of pounds used ? \_\_\_\_\_
- Were the lines purged? \_\_\_\_\_
- Size and length of line(s)? \_\_\_\_\_
- Location of line(s)? \_\_\_\_\_
- Composition of gas line? \_\_\_\_\_

**Note: As a general guideline in testing, use International Fuel Gas Code (IFGC) 406.4.1; 406.4.2**

I hereby certify that all information submitted on this application is true and accurate to the best of my knowledge. The test herein was performed in accordance to all applicable laws of the State of Michigan.

Tester's Name: \_\_\_\_\_  
*(Please print)*

Tester's Signature: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_