



Submit Online at: www.nsbr.ca

Or by Mail to: PO Box 1529
Halifax, NS B3J 2Y4

Fax: 902.424.0602

Personal Applicant Profile Information

Name:

Title	First Name and Middle Initial	Last Name
-------	-------------------------------	-----------

Civic Address: *(Not PO Box)*

Street #	Street Name	Unit / Suite / Apt #
----------	-------------	----------------------

City / Town / County	Province	Country	Postal Code
----------------------	----------	---------	-------------

Mailing Address: *(If different from above)*

Street #, PO Box, RR #, Site #

City/Town/County	Province	Country	Postal Code
------------------	----------	---------	-------------

Contact Information:

() Home Phone #	() Work Phone #	() Fax #
---------------------	---------------------	--------------

Please Note: The submission of an application with payment does not guarantee application approval.

Fuel Safety Initial Application Form

Please indicate if you are applying for a Gas Operator Certificate of Competency

- | | |
|---------|--|
| Class B | Operate a bulk propane plant |
| Class C | Transport propane in portable containers |
| Class D | Operate a tank truck transporting propane |
| Class E | Operate a cargo liner transporting propane |
| Class F | Operate a propane dispensing unit |
| Class G | Install, repair, service or maintain a gas appliance, container or piping system as permitted by the sub-class |

Class G Subclasses:

- | | |
|-----------|---|
| Class G-1 | Restricted to installing, repairing, servicing and maintaining propane systems for recreational vehicles and mobile homes |
| Class G-2 | Restricted to installing, repairing, servicing and maintaining propane-fired construction heaters and portable cylinders, excluding supply tanks and building piping |
| Class G-3 | Restricted to repairing, servicing and maintaining propane-fired domestic barbeque grills |
| Class G-4 | Restricted to repairing, servicing and maintaining industrial in-house gas-fired appliances and equipment at the location designated on the certificate, and not including installation or any change to the installed system |
| Class G-5 | Restricted to repairing, servicing and maintaining systems in which liquid propane is used as a motive fuel to power off-highway vehicles, and includes converting the systems |
| Class G-6 | Restricted to repairing, servicing and maintaining systems in which natural gas is used as a motive fuel to power off-highway vehicles, and includes converting the systems |
| Class G-7 | Restricted to installing uncharged gas piping systems of any size from the outlet of the meter or second stage regulator to the last shut-off valve, including the burner manifold |

Note: If applying for a Class F certificate you must provide proof of successful completion of PGAC100-1. If applying for a Class C, Class D or Class E certificate, please provide a copy of your drivers' licence (please be sure to copy both the front and the back of your licence)

Technical Training Information (Required for Class Certification Only)

Technical training courses related to this application:

Experience Information (Required for Class Certification Only)

<u>PRACTICAL EXPERIENCE</u>	<u>FROM</u>	<u>TO</u>	<u>COMPANY NAME AND ADDRESS</u>
Operating a Bulk Plan	_____	_____	_____ _____
Cylinder Delivery	_____	_____	_____ _____
Tank Truck Operator	_____	_____	_____ _____
Cargo Liner Operator	_____	_____	_____ _____
Tractor Trailer Operator	_____	_____	_____ _____
Dispenser Operator	_____	_____	_____ _____
Other (Explain)	_____	_____	_____ _____

Previous Exam Information

Have you previously made application for examination to the Fuel Safety Section? **Yes** **No**

If yes to above, did you write the exam(s) and what were the results? **Passed** **Failed** **Didn't**
Write

If previously certified, what is your Certificate number? _____

Employment Information

Are you self-employed? **Yes** **No**

If you are self-employed and registered with the Registry of Joint Stock Companies, please provide us with your Registration number: _____

If you are self-employed and registered with the Canada Revenue Agency, please provide us with your Business Number (i.e. HST number): _____

Employer's Name (if self-employed please provide the name you operate under)

Street #	Street Name	Unit / Suite / Apt #	
City/Town/County	Province	Country	Postal Code
Phone Number	Employee's Fuel Safety Licence Number		

This Section to be completed by the Company or Dealer Representative

TESTIMONIAL FOR CERTIFICATION APPLICATION UNDER FUEL SAFETY SECTION

I hereby certify that _____ Has been employed by
(Name of Applicant)

_____ of _____
(Name of Company or Dealer) (Address of Company or Dealer)

From _____ to _____ During this time he/she has had the following experience:

Number of months:

_____ Assisting in Bulk Plant Operations
_____ Holder of a Class B Certificate
_____ Assisting in the Delivery of Portable Cylinders
_____ Holder of a Class C Certificate
_____ Assisting in Tank Truck Operations
_____ Holder of a Class D Certificate
_____ Experience in the Handling of Tractor Trailers
_____ Assisting in Cargo Liner Operations
_____ Holder of a Class E Certificate
_____ Assisting in Dispenser Operations
_____ Holder of a Class F Certificate
_____ Other (explain) _____

Name (Please Print) _____ Title: _____

SIGNATURE OF COMPANY REPRESENTATIVE _____

Date: _____
(DD / MM / YYYY)

FEES FOR EXAMINATION, GAS OPERATION CERTIFICATE OF COMPETENCY

Fees for Certificate of Competency and 1 year as Operator Licence

- | | |
|----------------------|---|
| ▪ Class B - \$126.00 | ▪ Class E - \$126.00 |
| ▪ Class C - \$126.00 | ▪ Class F - \$ 66.40 |
| ▪ Class D - \$126.00 | ▪ Class G - \$126.00 (Exception: Class G4 or G7 = \$274.13) |

Fees for 1 year Gas Technician Licence

- | | |
|---------------------------------------|---------------------------------------|
| ▪ Gas Technician I, II, III - \$33.20 | ▪ Gas Technician I, II (LP) - \$33.20 |
|---------------------------------------|---------------------------------------|

For your protection, this page containing financial information will be shredded once processed.

Payment Type:

Cheque ☐

Money Order ☐

Visa ☐

MasterCard ☐

American Express ☐

Cheque or money order must be made payable to the *Minister of Finance*.

All payments must be in Canadian funds.

Post-dated cheques will not be accepted.

Credit Card Number

Exp. (MM / YY)

Card Holder's Name (*as on card*)

Card Holder's Signature

Amount: \$ _____ (Refunds will be prorated on a yearly basis)

Name (*Please print*): _____

Title: _____

Signature: _____

Date: _____
(DD / MM / YYYY)