

Company: _____
(Company name as it will appear on the licence)

Division: _____
(Division, department, etc., if it is to appear on the licence)

This application is for the following location:

Address: _____

Civic #	Street		
City	Province	Postal Code	
Contact Name	Phone	Fax	

- Shop Only Field Site Only
 Shop & Field Sites

If renewal, complete the following:

Current Licence Number(s): _____

Expiration Date: _____

Check the scope of work being applied for as required by CSA B51, CSA B52 & the Nova Scotia Technical Safety Act and Regulations:

- Contractor Equipment Owner Inspection

- | | | |
|---|--|---|
| <input type="checkbox"/> Power Boilers
<input type="checkbox"/> Water Tube <input type="checkbox"/> Fire Tube
<input type="checkbox"/> Fabrication / Construction
<input type="checkbox"/> Installation
<input type="checkbox"/> Repair or Alteration | <input type="checkbox"/> Heating Boilers
<input type="checkbox"/> Steel <input type="checkbox"/> Cast Iron <input type="checkbox"/> Cast Alum.
<input type="checkbox"/> Fabrication / Construction
<input type="checkbox"/> Installation
<input type="checkbox"/> Repair or Alteration | <input type="checkbox"/> Pressure Vessels
<input type="checkbox"/> Div. 1 <input type="checkbox"/> Div. 2 <input type="checkbox"/> Div. 3
<input type="checkbox"/> Fabrication / Construction
<input type="checkbox"/> Installation
<input type="checkbox"/> Repair or Alteration |
|---|--|---|

- | | | |
|---|---|--|
| <input type="checkbox"/> Piping
<input type="checkbox"/> ASME Code Section I
<input type="checkbox"/> ASME Code B31.1
<input type="checkbox"/> ASME Code B31.3
<input type="checkbox"/> ASME Code B31.5 | <input type="checkbox"/> Fittings (See Table 1 of
CSA B51)
<input type="checkbox"/> Cat. A <input type="checkbox"/> Cat. E
<input type="checkbox"/> Cat. B <input type="checkbox"/> Cat. F
<input type="checkbox"/> Cat. C <input type="checkbox"/> Cat. G
<input type="checkbox"/> Cat. D <input type="checkbox"/> Cat. H | <input type="checkbox"/> Other: (please print clearly)

_____ |
|---|---|--|

Signed: _____
(Signature must be by a company officer or designate)

Title: _____

Date: _____