

Boiler & Pressure Equipment (BPE) Contractor License

Application for Initial Licence ☐ **or** Change of Licence ☐

Company: _____ <small>(Company name as it will appear on the licence)</small>			
Division: _____ <small>(Division, department, etc. if it is to appear on the licence)</small>			
Mailing Address: _____			
<small>PO Box / Street</small>	<small>City/Town</small>	<small>Province</small>	<small>Postal Code</small>
Contact Name: _____	Phone: _____	Fax: _____	

INSTRUCTIONS

Complete the following in detail for an initial licence. For changes, please note **CHANGES ONLY**.

1 - Company Activities <input type="checkbox"/> Contractor <input type="checkbox"/> Equipment Owner <input type="checkbox"/> Inspection				
2 - Physical Address				
<p style="color: red;">Application is for the following location</p> <p style="color: red;"><input type="checkbox"/> Shop Only <input type="checkbox"/> Field Site Only <input type="checkbox"/> Shop & Field Sites at:</p>				
<small>Civic #</small>	<small>Street</small>	<small>City/Town</small>	<small>Province</small>	<small>Postal Code</small>
3 – Check the scope of work being applied for as required by CSA B51, CSA B52 & the Nova Scotia Technical Safety Act				
<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 1 <input type="checkbox"/> ASME Code B31.1 <input type="checkbox"/> ASME Code B31.3 <input type="checkbox"/> ASME Code B31.5 <input type="checkbox"/> Piping Repair or Alteration		<input type="checkbox"/> OTHER: (Please print clearly) _____ _____ _____ _____		

4 – Manual Details	Quality Program	Issue / Edition Number
	Revision Level	Date Issued

5 - Completed application must be signed and returned along with the fee and 2 copies of BPE Inspector approved Quality Program Manual.

Application fee \$265.40 - Cheque or Money Order ONLY, Payable to the “Minister of Finance”

Mailing Address:

Labour and Advanced Education
Technical Safety Division
PO Box 697
Halifax NS B3J 2T8

Physical Address:

Labour and Advanced Education
Technical Safety Division
5151 Terminal Rd, 6th Floor
Halifax NS B3J 1A1

Signature *(Company officer or designate only)*

Title

Date

OFFICE USE ONLY		
Contractor's License #	Quality Program Registration #	Expiry Date
Signature		Date



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