



Submit Online at: www.nsbr.ca

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

Fax: 902.424.0602

Business Applicant Profile Information

Business Name:

Legal Entity including Operating Name

Canada Revenue Agency BN #: _____

N.S. Registry of Joint Stock Companies #: _____

Business Civic Address: *(Not PO Box)*

Street #	Street Name	Unit / Suite / Apt #
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City / Town / County	Province	Country	Postal Code
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Business Mailing Address: *(If different from above)*

Street #, PO Box, RR #, Site #

City / Town / County	Province	Country	Postal Code
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Business Address in Nova Scotia:

Street #, PO Box, RR #, Site #

City / Town / County	Province	Country	Postal Code
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Business Contact Information:

Name

Title

Primary Phone #

Fax #

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

FUEL SAFETY BUSINESS LICENCE APPLICATION FORM
(under Sections 41 through 43 of the Fuel Safety Regulations)

Please indicate which class of licence you are applying for:

- Class 1** (Gas Distribution) Licence that authorizes the holder to:
- distribute propane in bulk or in cylinders not including the retail sale or exchange of cylinders of 20 lbs (9 kg) propane capacity or less;
 - operate a propane bulk plant or propane container refill centre; or
 - operate a propane dispensing unit for the purpose of filling portable cash and carry type cylinders and motive fuel or recreational vehicle containers permanently mounted on vehicle.

There is a further breakdown for a Class 1 Licence. Please indicate below which type you are applying for:

- A) Bulk Plant/Dispenser
Please provide the aggregate storage capacity _____ uswg.
Will you be involved in bulk delivery? YES NO
Will you be involved in cylinder delivery? YES NO
If aggregate storage capacity is less than 5000 uswg., please provide the name of your supplier:

- B) Cylinder Handling Only
Please provide the name of your supplier: _____
- C) Bulk Transporter Only

- Class 2** (Contractor) Licence that authorizes the holder to:
- transport, for the purpose of making installations, propane by means of approved containers
 - install gas equipment and gas piping systems; or
 - repair, service and maintain appliances, containers, gas equipment and gas piping systems.
- Class 2A** (Contractor) Gas Business Licence that authorizes the holder to:
- perform any of the activities listed in Section 49 for a Class 2 Contractor Gas Business Licence; and
 - attach single-signature green tags on installations that have been granted a gas registration.
- Class 3** (Industrial) Gas Business Licence that authorizes the holder to:
- repair, service and maintain industrial gas-fired equipment on the premises of the licence holder;
 - repair, service and maintain propane motive fuel systems on off-highway vehicles operated by the licence holder;
 - operate a dispensing unit for the purpose of filling cylinders used only by the licence holder; or
 - perform regulated work only at the location specified on their licence.
- Class 4** Licence that authorizes the holder to operate natural gas dispensing station of any size.

Note: If applying for Class 1, Class 3, or Class 4, a civic address where the regulated work is being performed must be provided

Insurance

Regulations require that you provide us with verification of public liability insurance in the amount of \$2,000,000 or such other amount, as the Chief Inspector considers appropriate.

Please attach **Certificate of Insurance** as proof of coverage.

List of Certified Persons:

If space provided below is not sufficient, please attach a list of all certified persons who are employed by you

Name	Certificate Number	Class(es) of Certification
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Licence Fees

- **Class 1A** - \$0.0528 x 3/uswg (aggregate storage capacity)
 NOTE: \$398.10 minimum fee
- **Class 1B** - \$398.10
- **Class 1C** - \$398.10
- **Class 2** - \$398.10
- **Class 2A** - \$265.45 initial 1 year licence
- **Class 3** - \$398.10
- **Class 4** - \$398.10

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.

_____ Exp. (MM / YY)
Credit Card Number

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)
