CSA INTERNATIONAL

Application for re-certification of appliances converted from Propane to natural gas usage at a single address in Nova Scotia

Date: _____

INSPECTOR: _____ DATE LABELS ISSUED: _____

Total number of converted Units _____ Completed and ready for inspection by (date): _____

Appliance type and Make	Model	Serial Number	Label # affixed by CSA

NOTE: An appliance will not be granted field approval until all applicable fees and code requirements have been met.

INSPECTION TO TAKE PLACE ON THE PREMISES OF: (PLEASE PRINT)

NAME OF COMPANY _____

ADDRESS _____ CITY _____

PROVINCE _____ PERSON TO CONTACT _____ PHONE/FAX _____

APPLICATION SUBMITTED BY: (PLEASE PRINT)

NAME OF COMPANY _____

ADDRESS _____ CITY _____

PROVINCE _____ POSTAL CODE _____ PHONE/ FAX _____

The Applicant hereby agrees to save CSA International, its members, servants, employees and agents, and any owners, staff, servants and employees of any Laboratory employed by CSA International, harmless from any actions, suits, claims for loss, damages or indemnity arising out of damage to the special acceptance of any appliance or equipment, the use of the appliance or equipment, the granting of special acceptance, refusal to grant special acceptance, cancellation of a special acceptance, or damage to the appliance or equipment in the Testing or shipping.

The applicant agrees to indemnify CSA International and save it harmless from all liability or expense incurred by it or by reason of CSA International acting under the terms of this Agreement.

_____ _____ _____

(Name of Applicant) **(Signature of Applicant)** **(Company)**

NOTE: The fees for the inspection service are those in effect at the date of the activity undertaken on the file. THIS FEE IS PAYABLE BY THE SUBMITTER OF THE APPLICATION AT THE TIME OF SUBMISSION / Submit date sheets and fee to ;

Labour and Advanced Education
Fuel Safety Section
PO Box 697
Halifax, N S B3J 2T8