

## 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	
	TTED BY: (PLEASE PRINT)		

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 ; Office of the Fire Marshal

Fuel Safety Section Box 697 Halifax, N.S. B3J 2T8