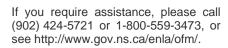


Mail this form to: P.O. Box 1529 Halifax NS B3J 2Y4

Personal Applicant Profile Information: Name:					
					Title
Civic Address (Not PO Box):					
Street #	Street Name		Unit/Suite/Apt#		
City/Town/	/County	Province	Country		
Postal Code	e				
Mailing Ad	dress (If Different):				
Street, P.O.	Box, RR #, Site #, etc.				
City/Town/	/County	Province	Country		
Postal Code	e e				
Contact Info	ormation:				
Home Phone	e #	Work Phone #			
Fax#					

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





PROVINCE OF NOVA SCOTIA

DEPARTMENT OF ENVIRONMENT AND LABOUR **Fuel Safety Section**

Fuel Safety Certification Application Form (under sections 29 through 39 of the Fuel Safety Regulations)

	(under sections 29 through 39 of the Fuel Safety Regulations)			
Application is made for examination and certification as:				
	☐ Class B Operating an L. P. Gas Bulk Plant			
	☐ Class C Delivering L. P. Gas in portable cylinders			
	□ Class D Operating a tank truck for transporting and/or delivering L. P. Gas			
	☐ Class E Operating a cargo liner for transporting and/or delivering L. P. Gas			
	☐ Class F Operating an L. P. Gas dispensing unit to fill portable containers and/or motive fuel containers			
	□ Class G (Restricted)			
Note:	If applying for a Class F certificate you must provide proof of successful completion of PGAC100-1. If applying for a Class C, Class D or Class E certificate please provide a copy of your drivers' licence (please be sure to copy both the front and the back sides of your licence).			
Perso	onal Information			
Date o	of Birth (DD/MM/YYYY)			
	nical Training Information cal training courses related to this application:			

Experience Information			
PRACTICAL EXPERIENCE	<u>FROM</u>	<u>TO</u>	COMPANY NAME & ADDRESS
Operating a Bulk Plant			
Cylinder Delivery			
Tank Truck Operator			
Cargo Liner Operator			
Tractor Trailer Operator			
Dispenser Operator			
Other (Explain)			
Previous Exam Information			
Have you previously made applicat	ion for examination	on to the Fuel Sa	fety Section? YES □ NO □
If yes to above, did you write the	e exam(s) and wha	at were the result	ts? PASSED FAILED DIDN'T WRITE
If previously certified, what is your	Certificate number	er? Number _	
Employment Information			
Are you self-employed? Yes I	□ No □		
If you are self-employed and register registration number.	_	stry of Joint Sto	ck Companies, please provide us with your
If you are self-employed and registed Business Number (i.e.: HST number		_	ency please provide us with your

Employment Information (continued)			
Employer's Name (if self-employed please provide the	e name you operate under)		
Street # Street Name	Unit/S	uite/Apt #	
City/Town/County Province	Count	ry	
Postal Code			
Phone Number			
Employer's Fuel Safety Licence Number			
Fees for Examination and Certification			
Fees: Class B - \$53.25 Class C - \$53.25 Class D - \$53.25	Class E - \$53.25 Class F - \$26.62 Class G - \$53.25 (Except	tion: Class G9 - \$175.75)	
Payment Type:	VICA Mo	otonCond Amonicon Evenuese	
☐ Cheque ☐ Money Order Cheque or money order must be made payable to the Minister of Finance.	VISA Ma Credit Card Number	Exp. (mm/yy)	
All payments must be in Canadian funds.	Card Holder's Name (as on card)		
Post-dated cheques will not be accepted.	Card Holder's Signature		
Amount: \$ (All fees ar	e non-refundable.)		
Name (Please Print):	Title:		
Signature:	Date:	DD/MM/YYYY)	

This Section to be completed by the Company or Dealer Representative:

TESTIMONIAL FOR CERTIFICATION APPLICATION UNDER FUEL SAFETY SECTION

I hereby	certify that	has been employed by			
		(Name of Applicant)			
		of			
	(Name of Company or Dealer)	Of (Address of Company or Dealer)			
From	to	During this time he/she has had the following experience:			
1	Number of months:				
_	Assisting in Bulk Plant Oper	ations			
_	Holder of a Class B Certifica				
_	Assisting in the Delivery of Portable Cylinders				
_	Holder of a Class C Certificate				
_	erations				
Holder of a Class D Certificate					
_	Experience in the Handling of Tractor Trailers				
_	Assisting in Cargo Liner Operations				
	Holder of a Class E Certificate				
_	Assisting in Dispenser Operations				
_	Holder of a Class F Certificate				
-	Other (explain)				
Name (A	Please Print):	Title:			
CICN A	TUDE OF COMPANY DEDDESENTA	TIVE			
SIUNA	TURE OF COMPANT REFRESENTA	ATIVE			
Date:					
	(DD/MM/YYYY)				