



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

Personal Applicant Profile Information:

Name:

Title First and Middle Last Name

Civic Address (Not PO Box):

Street # Street Name Unit/Suite/Apt #

City/Town/County Province Country

Postal Code

Mailing Address (If Different):

Street, P.O. Box, RR #, Site # , etc.

City/Town/County Province Country

Postal Code

Contact Information:

Home Phone #

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 18 through 30 of the Fuel Safety Regulations)

Please indicate if you are applying for a Class Certification and Examination:

- 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).

Technical Training Information (Required for Class Certification Only)

Technical training courses related to this application:

Please indicate if you are applying for a Gas Technician Licence:

- Gas Technician I Service and installation of gas equipment (vapour phase only) of any btu rating
- Gas Technician II Restricted to the service and installation of gas equipment (vapour phase only) of a btu rating of 400,000 btu or less
- Gas Technician III Restricted to the service and installation of gas equipment (vapour phase only) of a btu rating of 400,000 btu or less and under the supervision of a Gas Technician I or Gas Technician II
- Gas Technician I (LP) Service and installation of gas equipment (vapour or liquid propane) of any btu rating
- Gas Technician II (LP) Restricted to the service and installation of gas equipment (vapour or liquid propane) of a btu rating of 400,000 btu or less

Note: If applying for a Gas Technician Licence, you must provide a copy of Certification of Qualification from Education or equivalent approval from the Fuel Safety Section Chief Inspector.

Employment Information (continued)

Employer's Name (if self-employed please provide the name you operate under)

Street # Street Name Unit/Suite/Apt #

City/Town/County Province Country

Postal Code

Phone Number

Employer's Fuel Safety Licence Number _____

Fees for Examination, Certification and Gas Technician Licensing

Note: As of September 2006 Fuel Safety Certificates and Gas Technician Licenses will be issued for a three-year period.

Fees for Class Certification Licensing:

- **Class B** - \$147.87
- **Class C** - \$147.87
- **Class D** - \$147.87
- **Class E** - \$147.87
- **Class F** - \$85.29 (\$28.43 x 3)
- **Class G** - \$147.87 (Exception: **Class G9** - \$277.53)

Fees for Gas Technician Licensing:

- **Gas Technician I, II, III** - \$85.29
- **Gas Technician I, II (LP)** - \$85.29

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.

Credit Card Number Exp. (mm/yy)

Card Holder's Name (as on card)

Card Holder's Signature (as on card)

Amount: \$ _____ (Refunds will be prorated on a yearly basis.)

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) (Address of Company or Dealer)

From _____ to _____. During this time he/she has had the following experience:

Number of months:

- _____ Assisting in Bulk Plant Operations
- _____ Holder of a Class B Certificate
- _____ Assisting in the Delivery of Portable Cylinders
- _____ Holder of a Class C Certificate
- _____ Assisting in Tank Truck Operations
- _____ 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 (*Please Print*): _____ Title: _____

SIGNATURE OF COMPANY REPRESENTATIVE _____

Date: _____
(DD/MM/YYYY)