



Department of Environment and Labour
Office of the Fire Marshal

Fuel Safety Certification Renewal Fuel Safety Section

Certificate Number:

Important:

Please return this form with method of payment checked.

All Payments must be in CANADIAN funds and made payable to: **The Minister of Finance**

Post dated cheques will not be accepted

CERTIFICATE CLASSES BEING RENEWED

- 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) _____

Renewal Fee is \$45.50/year except for a class F only, which is \$28.43/year.

Payment Amount \$ _____

Payment Type: Cheque Money Order Visa MasterCard American Express

(credit card account number)

(card holders name)

(expiry date)

(signature)

Return to:

Service Nova Scotia & Municipal Relations
Nova Scotia Business Registry
PO Box 1529
Halifax, NS B3J 2Y4



CONTACT INFORMATION (please print)

Issued to:

(First Name)

(Last Name)

Civic Address:

(Street Address)

(City)

(Province)

(Postal Code)

Mailing Address:

(PO Box or Street Address)

(City)

(Province)

(Postal Code)

Phone: (_____) _____

Fax: (_____) _____

EMPLOYMENT INFORMATION

Are you currently working with gas as certified? Yes ___ No ___

Are you self-employed? Yes ___ No ___

If self-employed and registered with the Canada Revenue Agency please provide us with your Business Number (i.e.: HST/GST number or payroll number): _____

If self-employed please provide us with your Company Name: _____

If registered with Registry of Joint Stock Companies please supply us with the number: _____



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If not self-employed please provide us with your employer information:

Name of Employer:	Phone Number:
Address of Employer:	Postal Code:

Employer's Fuel Safety Licence Number: _____

SIGNATURE

Name (*Please Print*): _____

Title: _____

Signature: _____

Date: _____
(DD/MM/YYYY)

Notes or explanations: _____
