



# APPLICATION FOR SPECIAL APPLIANCE LABEL FOR EQUIPMENT TO BE INSTALLED IN NOVA SCOTIA

## CSA INTERNATIONAL

DATE: \_\_\_\_\_

LABEL No. ASSIGNED: \_\_\_\_\_

INSPECTOR: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

Type of Appliance or Equipment: \_\_\_\_\_

Manufactured by: \_\_\_\_\_

Model no. \_\_\_\_\_ Serial no. \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

Maximum Input Rating BTUH and/or USGPH: \_\_\_\_\_

Valve Train Inlet Supply Pressure: \_\_\_\_\_ Inches W.C. or \_\_\_\_\_ PSIG

Pressure Downstream of Appliance (Main) Regulator: \_\_\_\_\_ Inches W.C. or \_\_\_\_\_ PSIG

Number of Units: \_\_\_\_\_ Completed and ready for inspection by (date): \_\_\_\_\_

### ENCLOSED ARE THE FOLLOWING DOCUMENTS:

A) Three\* copies of gas train schematic drawing No.: \_\_\_\_\_

B) Three\* copies of electrical schematic wiring diagram No.: \_\_\_\_\_

C) Three\* copies of description of components and description of operation No.: \_\_\_\_\_

*\* four copies are needed for Newfoundland and Labrador application*

### INSPECTION TO TAKE PLACE ON THE PREMISES OF:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Person to Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### APPLICATION SUBMITTED BY:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Person to Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

The Applicant hereby agrees to save the CSA INTERNATIONAL, its members, servants, employees and agents, and any owners, staff, servants and employees of any Laboratory employed by the 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.

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

Enclosed is a deposit of \$ \_\_\_\_\_ payable to the Canadian Standards Association. We agree that additional fees could be charged in the eventuality of incomplete documentation, additional site inspection and closure of file.

Name of Applicant \_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Company \_\_\_\_\_ Date \_\_\_\_\_

**THIS FEE IS PAYABLE BY THE SUBMITTER OF THE APPLICATION.**

Submit the application form with required supporting documents to:

**Office of the Fire Marshall, Fuel Safety  
Box 697, Halifax, NS B3J 2T8**