Reset

Public Safety
Inspection Services

APPLICATION FOR COMPRESSED GAS LICENCE

Name							
Civic Street No.		Street Name					
City		Prov.		Postal Code			
Telephone		SIN		Date of Birth	Year	Month	Day

Preferred Location of Examination	☐ Bathurst ☐ Miramichi	☐ Campbellton ☐ Moncton	☐ Edmundston ☐ Saint John	☐ Fredericton	Language Preferred	☐ English ☐ French

LICENCE REQUESTED (Please Check One)

- ☐ G2 Gas Technician
- ☐ G1 Gas Technician
- ☐ GP Gas Piping Fitter
- ☐ ICE-NG Natural Gas Internal Combustion Technician
- ☐ ICE/IV-NG Natural Gas Internal Combustion Industrial Vehicle Technician
- ☐ PPO-1 Propane Plant Operator
- ☐ PPO-2 Propane Plant Operator
- ☐ RVT Recreation Vehicle
- ☐ IMT Industrial Maintenance Gas Technician
- ☐ DAT Domestic Appliance Gas Technician
- ☐ G Medical Gas Verifier Installer
- ☐ G2-L Gas Technician with Liquid Propane Endorsement
- ☐ G1-L Gas Technician with Liquid Propane Endorsement
- ☐ F Medical Gas Installer
- ☐ M Gas Fired Heating and Refrigeration Maintenance License
- ☐ PTO-1 Propane Truck Operator
- ☐ PTO-2 Propane Truck Operator
- ☐ ICE-P Propane Internal Combustion Technician
- ☐ ICE/IV-P Propane Internal Combustion Industrial Vehicle Technician

APPROVED COURSES SUCCESSFULLY COMPLETED

Course Name		Instructor		Mark	
		Instructor		Mark	
		Instructor		Mark	
Board Decision	☐ Approved ☐ Not Approved ☐ Examination Required	Signature		Date	

***** PPO-2 Candidates MUST Attach A "HANDS ON COMPETENCY" Form *****

THIS SECTION TO BE COMPLETED BY EMPLOYER

I hereby certify that _____ **has been employed by** _____

for the period From _____ **To** _____ **Signature** _____ **Date** _____

Previous Work Experience
** Attach additional pages if required **

CHECK APPROPRIATE BOXES

- ☐ Successfully completed training program acceptable to Gas Board
- ☐ Have at least 2000 hours combined technical training and field experience under the Class G2 or G1 License holder
- ☐ Have at least 2000 hours combined technical training and field experience under a Class G1 license holder, 500 of which must be on appliances having a heating value greater than 400,000 BTU's
- ☐ Hold a Certificate of Qualification in Plumber or Steamfitter/ Pipefitter occupation Certificate Type _____ No. _____
- ☐ Hold a Certificate of Qualification in Refrigeration and Air Conditioning Mechanic Occupation Certificate No. _____
- ☐ 8 hours experience under the supervision of a valid Class PPO-2 license holder
- ☐ 150 hours experience under the supervision of a valid PTO-2 Propane Truck Operator License
- ☐ 480 hours experience under a Recreational Vehicle or Class A1 Domestic Compressed Gas License holder
- ☐ Holder of Certificate of Qualification in a related occupation acceptable to Gas Board Certificate Type _____ No. _____
- ☐ Successfully completed Pre-Employment Training Program NBCC _____
- ☐ Have at least 200 hours combined technical training and field experience under the Class A2, A4, G2-L or G1-L License holder
- ☐ Have at least 200 hours combined technical training and field experience under a Class A4 or G1-L License holder
- ☐ Hold a Certificate of Qualification in Automotive, Heavy Equipment, Truck and Transport or Automotive (Electrical and Fuel). Service Technician occupation Certificate Type _____ No. _____
- ☐ 300 hours experience under the supervision of a valid Class PPO-1 license holder
- ☐ 150 hours experience under the supervision of a valid PTO-1 Propane Truck Operator License
- ☐ Hold appropriate class of license under Motor Vehicle Act. License Type _____ No. _____
- ☐ Holder of Certificate of Qualification in appliance service technician occupation.
- ☐ Holder of a Medical Gas Installer's License (F) No. of years _____
- ☐ Passed brazers performance qualification test Symbol _____
- ☐ Service Medical Gas Piping Systems

Applicant's Signature		Date	

PAYMENT INSTRUCTIONS

Method of Payment:

* Cheque or Money Order Payable to "Minister of Finance".
* Credit Card (Visa or MasterCard ONLY).
* Debit Card (if making payment in person).
* Return this form with payment to address below.

Fee - $ 40.00

METHOD OF PAYMENT

☐ Cheque ☐ Visa
☐ Money Order ☐ MasterCard

Card # _____

Expiry Date Month Year

Signature _____

P.O. Box 6000
Fredericton, NB E3B 5H1
Phone: (506) 453-2336

New Nouveau Brunswick

Case postale 6000
Fredericton, N.-B. E3B 5H1
Phone: (506) 453-2336

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