

GAS OPERATING PERMIT APPLICATION

Payment Card Industry Data Security Standards prevent the use of credit card information sent through email or fax. A Client Service Representative will contact you within three business days to complete any payment process required.

Note: Any personal information collected is handled in accordance with the British Columbia *Freedom and Protection of Privacy Act*. If you have questions about the collection, use, or disclosure of this information, contact the Records, Information and Privacy Analyst for the Technical Safety BC at 1-866-566-7233.

A. PERMIT INFORMATION					
Permit Type: GAS - Operating	Work Class:	<input type="checkbox"/> Cylinder and Vehicle Filling	<input type="checkbox"/> Gas Utility	<input type="checkbox"/> Industrial/Commercial	<input type="checkbox"/> Portable Appliance
		<input type="checkbox"/> Portable Heating Supply	<input type="checkbox"/> Propane Bulk Plant	<input type="checkbox"/> Special Type - on request	<input type="checkbox"/> Vehicle Conversion/Recreational Vehicle
B. CONTACT INFORMATION: (Permit Holder)					
Company Name: <small>Owner, agent, lessee or operator</small>				Technical Safety BC Account #:	
Mailing Address: <small>Suite No</small>	<small>Street No</small>	<small>Street Name:</small>		<small>City:</small>	<small>Postal Code:</small>
Primary Phone:	Mobile Phone:	Email:			
Contact Name:			Preferred method of contact: <input type="checkbox"/> Email <input type="checkbox"/> Mailing Address		
Primary Phone:	Mobile Phone:	Fax:	Email:		
C: SITE INFORMATION					
Site Name:					
Occupancy Type:					
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Fully Detached Single Family Residential				
<input type="checkbox"/> Commercial	<input type="checkbox"/> Multi-Unit Residential				
<input type="checkbox"/> Industrial	<input type="checkbox"/> Public Assembly				
<input type="checkbox"/> Institutional	<input type="checkbox"/> Transportation				
Site Address: <small>Suite No:</small>	<small>Street No:</small>	<small>Street Name:</small>		<small>City:</small>	<small>Postal Code:</small>
Site Contact Name:			Email:		
Site Contact Phone:			Site Contact Mobile Phone:		
D. ADDITIONAL INFORMATION					
Are there any other operating permits held for this site/building?			If yes, indicate for which technology:		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Electrical <input type="checkbox"/> Boiler <input type="checkbox"/> Gas <input type="checkbox"/> Elevating		
Class 1 - Industrial / Commercial					
<input type="checkbox"/> 1B - Between 5,000,000 - 10,000,000 BTU					
<input type="checkbox"/> 1C - >10,000,000 BTU					
Class 2 - Propane Bulk Plant					
<input type="checkbox"/> 2A - < 2M litres Annual Volume					
<input type="checkbox"/> 2B - 2M to 4M litres Annual Volume					
<input type="checkbox"/> 2C - > 4M litres Annual Volume					
Class 3 - Cylinder Filling					
<input type="checkbox"/> 3A - Storage Capacity up to 2,000 L					
<input type="checkbox"/> 3B - Storage Capacity over 2,001 L to 4,000 L					
<input type="checkbox"/> 3C - Storage Capacity over 4,001 L to 6,000 L					
<input type="checkbox"/> 3D - Storage Capacity over 6,001 L to 8,000L					
<input type="checkbox"/> 3E - Storage Capacity over 8,001 L to 10,000 L					
<input type="checkbox"/> 3F - Storage Capacity over 10,001 L					
<input type="checkbox"/> 3G - Dispenser for Natural Gas Vehicles					
*Class 4 - Vehicle Conversion (Bond Required)					
<input type="checkbox"/> Gas					
<input type="checkbox"/> Propane					
<input type="checkbox"/> Both					
<input type="checkbox"/> Alternate					
* <input type="checkbox"/> Class 5 - Recreational Vehicle (Bond Required)					
<input type="checkbox"/> Class 6 - Portable Heating Supply					
<input type="checkbox"/> Class 7 - Portable Appliance					
<input type="checkbox"/> Class 8 - Special Type - On Request					
<input type="checkbox"/> Class 9 - Gas Utility Permit					
* For classes 4 and 5, a valid bond identifying the Technical Safety BC as the payee is required under the Safety Standards Act.					
NOTE: DO NOT REMIT PAYMENT; AN INVOICE WILL BE SENT TO YOU.					
TO VIEW OPERATING PERMIT FEE SCHEDULE VISIT OUR WEBSITE AT www.technicalsaftybc.ca					
E: DECLARATION					
As the Permit Holder , I declare that the information provided here is true and correct.					
<input type="checkbox"/> Checking this box and submitting this form to Technical Safety BC via email constitutes your authorization. This has the same effect as submitting a handwritten signature.					
Signature: _____				Name (please print): _____	
				Date: _____	