

www.technicalsafetybc.ca contact@technicalsafetybc.ca

Toll Free: 1-866-566-7233

ELECTRICAL DECAL PURCHASE

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: Technical Safety BC collects your personal information for the purpose of administering permits and other activities under the *Safety Standards Act* and may need to disclose this information to entities such as utilities, provincial agencies and municipalities. By submitting this form you are consenting to the disclosure described above.

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: EL -	Work Class:	Work Class: Extra Low Voltage / Low Energy				
B. CONTACT INFORMATION (please PRINT Clearly)						
Applicant Name:				Contractor License Number:		
Applicant email address:				Phone Number:		
Unit or Suite No:	Civic No:	Street Name:	Name:		Street Type:	Street Direction: N S E W
City:			Province:		Postal Code:	
C: ADDITIONAL PERMIT INFORMATION						
☐ Equipment uses ≤ 30 Volts						
☐ Maximum Overall Power ≤ 100 VA						
Number of Decals Required:			X\$		(per block of 25 decals)	
See TECHNICAL SAFETY BC website for fees. http://www.technicalsafetybc.ca/electrical-fee-schedule GST #: 873912802 RT0001						
Decal List Returned on: YYYY MM DD						
Note: A list of decals installed must be provided to a TECHNICAL SAFETY BC office at least every six (6) months. All decals must be used within 1 year of issuance. Additional forms can be obtained on our website (www.technicalsafetybc.ca)						
D: INTERNAL USE ONLY						
Decal Number From:			Decal Number To:			
Decal Number From:			Decal Number To:			
Office: Entr		Entry Date: YYYY MM	' MM DD		File No.:	

Technical Safety BC is working towards going paperless! Participate by signing up for email correspondence.