

### 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: <b>GAS - Operating</b>	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:					
<b>Occupancy Type:</b>					
<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? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, indicate for which technology: <input type="checkbox"/> Electrical <input type="checkbox"/> Boiler <input type="checkbox"/> Gas <input type="checkbox"/> Elevating		
<b>Class 1 - Industrial / Commercial</b> <input type="checkbox"/> 1B – Between 5,000,000 – 10,000,000 BTU <input type="checkbox"/> 1C – >10,000,000 BTU <b>Class 2 - Propane Bulk Plant</b> <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 <b>Class 3 – Cylinder Filling</b> <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			<b>*Class 4 – Vehicle Conversion (Bond Required)</b> <input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Both <input type="checkbox"/> Alternate * <input type="checkbox"/> <b>Class 5 – Recreational Vehicle (Bond Required)</b> <input type="checkbox"/> <b>Class 6 – Portable Heating Supply</b> <input type="checkbox"/> <b>Class 7 – Portable Appliance</b> <input type="checkbox"/> <b>Class 8 – Special Type – On Request</b> <input type="checkbox"/> <b>Class 9 – Gas Utility Permit</b> <b>* For classes 4 and 5, a valid bond identifying the Technical Safety BC as the payee is required under the Safety Standards Act.</b>		
<b>NOTE: DO NOT REMIT PAYMENT; AN INVOICE WILL BE SENT TO YOU.</b> <b>TO VIEW OPERATING PERMIT FEE SCHEDULE VISIT OUR WEBSITE AT <a href="http://www.technicalsaftybc.ca">www.technicalsaftybc.ca</a></b>					
E: DECLARATION					
As the <b>Permit Holder</b> , 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 <b>via email</b> constitutes your authorization. This has the same effect as submitting a handwritten signature.					
Signature: _____				Name (please print): _____	
				Date: _____	

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