



Service NL

Engineering and Inspection Services Division
P. O. Box 8700, St. John's, NL A1B 4J6

APPLICATION FOR
CERTIFICATE OF PLANT REGISTRATION

In compliance with the Public Safety Act, 1996 and Pursuant Regulations

WE/I \_\_\_\_\_
NAME OF FIRM

OF \_\_\_\_\_
P. O. ADDRESS

hereby make application for a certificate of plant registration for our Pressure Plant situated at

\_\_\_\_\_
LOCATION

and I hereby certify that the information given in this application is, to the best of my knowledge, true in
substance and in fact. \_\_\_\_\_

\_\_\_\_\_
SIGNATURE OF APPLICANT

\_\_\_\_\_
STATE TITLE

\_\_\_\_\_
DATE

PLANT CLASSIFICATION \_\_\_\_\_ KILOWATT CAPACITY \_\_\_\_\_

Table with 5 main columns: POWER BLRS., HEATING BLRS., REF'N. COMP., AIR COMP., OTHERS. Each column has sub-columns for No. and KW.

PERSONNEL REQUIRED

CHIEF \_\_\_\_\_ SHIFT \_\_\_\_\_ ASST. \_\_\_\_\_
CLASS CLASS NO. CLASS NO.

OTHERS \_\_\_\_\_
CLASS NO. CLASS NO.

\_\_\_\_\_
CHIEF ENGINEER/OPERATOR

\_\_\_\_\_
DATE





## PRESSURE PLANT OPERATION

<b>KIND OF PLANT</b>					<b>TYPE OF SUPERVISION</b>		
<input type="checkbox"/> POWER	<input type="checkbox"/> HEATING	<input type="checkbox"/> REFRIGERATION	<input type="checkbox"/> COMPRESSED GAS	<input type="checkbox"/> COMBINED	<input type="checkbox"/> CONTINUOUS	<input type="checkbox"/> PERIODIC	<input type="checkbox"/> MINIMUM
<b>OPERATING YEARLY</b>			<b>SEASONALLY FROM</b>				
<input type="checkbox"/> YES <input type="checkbox"/> NO			TO				
<b>NO. HRS./WEEK</b>		<b>NO. HRS./DAY</b>		<b>NO.DAYS / WEEK</b>		<b>NO.SHIFTS/DAY</b>	
If applying for Periodic or Minimum Supervision, attach details of protective devices required by Section 24 of Regulations:							

### OPERATING PERSONNEL

TITLE	NAME	CERTIFICATE			DATE EMPLOYED	
		Class	No.	Year		
CHIEF						
ASSISTANT CHIEF						
SHIFT PERSONNEL						

**REMARKS** \_\_\_\_\_

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