

Application for Gas Installation Examination/Renewal

For Office Use Only

Inv. No. _____
Amount _____
Certificate No. _____
File No. _____

Part 1 - General Information

1 Name of Applicant _____

Mailing Address _____ Postal Code _____

Part 2 - Application Type

2 **Section A:** Examination Renewal Change of Address or Company Name Specify _____

Current Certificate Number _____

Indicate Examination/Renewal category you are applying for (check one only)

Gas Fitter Gas Installer Gas Verifier

If applying for Examination, please complete Section B, and Parts 3 and 4 (on reverse)
If applying for Renewal please skip Section B and complete Parts 3 and 4 (on reverse)

Section B: Complete this Section if applying for examination

Training Program (Use attachments if necessary) _____

Have you previously made application for examination in this category? Yes No If yes, Date of Exam (YYYY-MM-DD) _____

State L.P. Gas Certificates obtained from other Provinces Province _____ Type of Certificate _____ (attach photocopy)

Part 3 - Qualifications and Experience

3 **Important Note:** Based on Exam/Renewal category noted above, please complete one only of the following:

Gas Fitter
Experience assisting in/performing gas piping installations:
From _____ To _____ Supervisor Certificate No. _____

Gas Installer
Experience in performing gas fitter installations:
From _____ To _____ Supervisor Certificate No. _____
Applicant's Gas Fitter No. _____

Gas Verifier
Experience performing/supervising gas installer installations:
From _____ To _____ Applicant's Gas Installer No. _____
Gas Installer Certificate Date of Issue (YYYY-MM-DD) _____

Employer Information (Related to experience noted above)

Company Name _____ Contact Person _____

Mailing Address _____ Telephone _____

Please ensure fees, per Section 30 of the *Public Safety Act*, are included. Fees are as follows:
Gas Fitter - \$72.00 Gas Installer - \$144.00 Gas Verifier - \$144.00 Renewal - \$72.00

Applicant Signature _____ Date _____

Please return completed applications to:

Office Location: Government Service Centre, Motor Registration Building, 149 Smallwood Drive, Mount Pearl, NL
Mailing Address: Engineering and Inspection Services Division, Service NL, P. O. Box 8700, St. John's, NL Canada A1B 4J6
 Tel: (709) 729-2746 Fax: (709) 729-2071

Part 4 - Employer Testimonial

This section is to be completed by the company or dealer representative.

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EMPLOYER TESTIMONIAL

I hereby certify that _____
(Name of Candidate)

has been employed by _____ of
(Name of Employer)

_____ from _____ to
(Street Address of Employer) *(Month/Year)*

_____. During this time he/she has had the following experience.
(Month/Year)

NUMBER OF MONTHS

Gas Piping Installation

Gas System installation, service, repair (domestic)

Gas System installation, service, repair (commercial)

Other courses completed (include in-house training, exam results, etc.). Provide all supporting documentation. Use attachments if necessary.

Signature of Company Representative: _____ Position Title: _____

Date: _____