

PART 4 - EMPLOYER TESTIMONIAL

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

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: _____

**APPLICATION FOR
GAS CERTIFICATE
EXAMINATION/RENEWAL**

For Office Use Only	
Inv. No. _____	_____
Amount _____	_____
Certificate No. _____	_____
File No. _____	_____

PART 1 - GENERAL INFORMATION

NAME OF APPLICANT _____		
MAILING ADDRESS _____		
_____	POSTAL CODE _____	PHONE NUMBER _____

PART 2 - APPLICATION TYPE

SECTION A: <input type="checkbox"/> EXAMINATION OR <input type="checkbox"/> RENEWAL													
INDICATE EXAMINATION/RENEWAL CATEGORY YOU ARE APPLYING FOR (CHECK ONE ONLY)													
<input type="checkbox"/> GAS FITTER	<input type="checkbox"/> GAS INSTALLER <input type="checkbox"/> 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 <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DATE OF EXAM <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>	D	D	M	M	Y	Y						
D	D	M	M	Y	Y								
CURRENT CERTIFICATE NUMBER _____													
STATE L.P. GAS CERTIFICATES OBTAINED FROM OTHER PROVINCES PROVINCE _____ TYPE OF CERTIFICATE _____ (attach photocopy)													

PART 3 - QUALIFICATIONS AND EXPERIENCE

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:																																					
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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 - \$60.00	GAS INSTALLER - \$120.00	GAS VERIFIER - \$120.00	RENEWAL - \$60.00
Applicant Signature: _____		Date: _____	