

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					ADDRESS					
herebv n	nake applicati	on for a	certificate of			our Pressu	re Plant situ	ated at		
,				,						
				LOCA	ATION					
and I her	eby certify the	at the inf	ormation give	en in this a	application is	s, to the b	est of my kn	owledge,	true in	
substanc	e and in fact.									
							SIGNATURE OF APPL	ICANT		
							STATE TITLE			
							DATE			
PLANT C	CLASSIFICATI	ON				KILOWAT	TT CAPACIT	Υ		
POW	ER BLRS.	HEATING BLRS.		G BLRS. REF'N. C		MP. AIR COM		ОТ	THERS	
No.	KW	No.	KW	No.	KW	No.	KW	No.	KW	
PERSON	INEL REQUIR	ED								
CHIEF_	CLASS		SHIFT_	CLASS	NC		SST	3	NO.	
	02.00			02.00		•	02.0			
OTHERS	CLASS		NO.		CL	ASS	NO.			
							CHIEF ENGINEER/OPE	EDATOR		
							A THE LINGUISE THE PROPERTY OF E			

BOILERS

				l I	I	<u> </u>	l	I	I	l	I		I						
(W CAPACITY this space)	Power Blr.																		
REGISTERED KW CAPACITY (Do not fill in this space)	Heating Blr.																		
Manufacture	Kilowatt Cap.														TOTAL				
	MAWP																		
Heat Input	Kilojonles																		
Serial	No.																		
Model	No.																		
	Manufacturers																		
Type Of Boiler	(State if Power or Heating)														3KS				
2	z Z														REMARKS				

COMPRESSORS

, i				O G	MA	MAWP	No.	Cyclom	MO+ii,OM	REGISTERED KILOWATTS (Do not fill in this space)	KILOWATTS this space)
N N N	(State if Boosters)	Manufacturers	No.	No.	High	3	Speed Speed	System	of Drive	Rei	Air Compressor
REMARKS	3KS								TOTAL		

PRESSURE PLANT OPERATION

KIND OF PLANT					TYPE OF SUP	ERVISION		
POWER HEATING	REFR	IGERATION C	OMPRESSED GA	s COMBINED	cc	NTINUOUS	PERIODIC	MINIMUM
OPERATING YEARLY		SEASONALLY FR						
☐ YES	□ NO			I	ТО			
NO. HRS./WEEK		NO. HRS./DAY		NO.DAYS / WEEK		NO.SI	HIFTS/DAY	
If applying for Periodic or M	linimum S	Supervision, attach	n details of pro	otective devices re	equired by Se	ection 24	of Regulations:	
OPERATING PERSO	NNEL							
					CERTIFICAT	ΓE		
TITLE		NAME					DATE EMPLOYED	
				Class	No.	Year	EMPLOYED	
CHIEF								
A COLOTANT OLUET								
ASSISTANT CHIEF								
SHIFT PERSONNEL								
				<u> </u>				
REMARKS								
NEIVIANNO								