

## BOILER CONTRACTOR LICENSE APPLICATION FORM

- New Application                     
  Company Name Change\*                     
  Location Add / Change\*                     
  Changes in Current Scope\*  
 QC Manual Review (changes to accepted manual)\*

**\*See instructions on page 2**

**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:** Technical Safety BC collects your personal information for the purpose of administering permits and other activities under the Safety Standards Act and may need to disclose this information to entities such as utilities, provincial agencies and municipalities. By submitting this form you are consenting to the disclosure described above. 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 at 1 866 566 7233.

### A. Applicant (please PRINT clearly):

Company Name:		Website:	
Company Address:		LBP#: (if known)	
Mailing Address: (If different from above)			
Business Phone:	Mobile:	Fax:	
Email:		Contact Preference: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Other _____	
Technical Safety BC provides an online list of active contractors within the province of BC for the convenience of the general public. The list includes all active contractors. Tick this box to be excluded from the online list: <input type="checkbox"/> View list at: <a href="http://technicalsaftybc.ca/contact/find-contractor">http://technicalsaftybc.ca/contact/find-contractor</a>			
Owner/ Contact Name:		Owner/ Contact Title:	
Owner/ Contact Phone:		Owner/Contact Email:	
BC Business Registration #: (Provide proof of BC Business Registration)		WorkSafe BC Registration #: (Provide proof of WorkSafe BC Registration)	
Quality Control Manual Name/Version: <b>Please submit your manual with this application form (except for Classes B and REF)</b>		Effective Date:	
<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.			
I have read and understand my duties, responsibilities and obligations as a licensed Boiler Contractor under the Safety Standards Act & Regulations.			
Owner/ Contact Signature:		Date:                      MM    DD    YYYY	

### B. Licence Class (select one only)

<input type="checkbox"/>	A	Installation, limited alteration, repair or maintenance of boilers and pressure vessel, and the installation or alteration of pressure piping. The scope of this licence covers work done by an A, Au, Ap, or B Class Licence Holder only.
<input type="checkbox"/>	Au	Limited to the installation, limited alteration, repair or maintenance of pressure vessels, and the installation or alteration of pressure piping.
<input type="checkbox"/>	Ap	Limited to the installation or alteration of pressure piping.
<input type="checkbox"/>	B	Installation, alteration, maintenance or repair of low pressure hot water 75 m <sup>2</sup> or less of heating surface, low pressure steam plants 30 m <sup>2</sup> or less heating surface, high pressure steam plants 10 m <sup>2</sup> or less of heating surface, and specified potable hot water heaters.
<input type="checkbox"/>	REF	Installation, alteration, maintenance or repair of refrigeration plants or package units of 5KW or more prime mover rating. Refrigeration Mechanic's Name: _____ BC Trade Qualification #: _____
<input type="checkbox"/>	SRV	Safety Valve and Safety Relief Valve Servicing and Setting Agency.
<input type="checkbox"/>	MA (P. Vessel)	Manufacturing to CSA B51
<input type="checkbox"/>	MA (P. Fitting)	Manufacturing to CSA B51

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# BOILER CONTRACTOR LICENCE APPLICATION

## Instructions on completing this Form:

1. For new applications (applicable to classes B & REF only) - fill out sections A and B only.
2. For new applications (applicable to classes A, Au, Ap, SRV & MA only) - fill out sections, A, B, C and D.
3. For company name change (applicable to all classes) - fill out sections A, B and E only.
4. For additional locations or change in current location (applicable to all classes) - fill out sections A, B and F only.
5. For QC Manual review only (applicable to classes A, Au, Ap, SRV & MA only) - fill out sections A, B and G only.
6. For changes in current scope (applicable to classes A, Au, Ap, SRV & MA only) - fill out sections A, B and H only.

## General Notes:

1. For classes A, Au, Ap, SRV & MA – the licence application fee includes 4 hour of QC Manual review including report writing. Additional QC Manual review time including demonstration audit witnessing will be invoiced at safety services rate. All travel and related expenses will be invoiced to the applicant.
2. For classes B & REF – the licence application fee does not include interview time. The interview time will be invoiced at safety services rate. All travel and related expenses will be invoiced to the applicant.
3. This application is valid one year from the date of submission. The application fee is forfeited upon expiry of the application.
4. Fee schedule link; <https://www.technicalafetybc.ca/form/boilers-pressure-vessels-and-refrigeration-fee-schedule>

## Additional Information

<b>C. Do you currently hold a license / certificate for doing regulated work in any other jurisdiction of Canada?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which jurisdiction(s): (provide copy of license / certificate)
<b>D. Do you hold ASME Code Certification Mark &amp; Designators:</b> S <input type="checkbox"/> ; H <input type="checkbox"/> ; U <input type="checkbox"/> ; U2 <input type="checkbox"/> ; U3 <input type="checkbox"/> ; UM <input type="checkbox"/> ; PP <input type="checkbox"/> ; A <input type="checkbox"/> ; V <input type="checkbox"/> ; UV <input type="checkbox"/> ; HV <input type="checkbox"/> (if yes, provide copy of certificate)
<b>E. Describe Company Name Change: (Min. 1 hr. invoiced at Safety Services Rate)</b> (For Class B & REF, provide supporting Government issued documents. For classes A, Au, Ap, SRV & MA - provide supporting Government issued documents and a revised QC Manual)
<b>F. Describe additional locations / change in current location: (Min. 1 hr. invoiced at Safety Services Rate)</b> (For classes A, Au, Ap, SRV & MA - provide a revised QC Manual)
<b>G. QC Manual Review Only: Describe below. (Min. 2 hrs. invoiced at Safety Services Rate)</b> (Applicable to classes A, Au, Ap, SRV & MA only. If you already have a valid contractor license and an approved QC Manual and want to submit recent changes to the QC Manual for review/approval. Submit a copy of revised QC Manual)
<b>H. Changes in Current Scope: Describe below. (Min. 1 hr. invoiced at Safety Services Rate)</b> (Applicable to classes A, Au, Ap, SRV & MA only. If you already have a valid contractor license and an approved QC Manual and want to change scope of your QC program. Submit a copy of revised QC Manual detailing proposed changes to the scope)
Effective Date:
Please submit your manual with this application form (except for class B and REF)

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