

**NEW INSTALLATION
OR
REPLACEMENT**

If a replacement, provide MB Unit #

ALL FIELDS OUTLINED IN RED ARE MANDATORY

PLEASE ENTER THE REQUIRED INFORMATION – ONE APPLICATION IS REQUIRED PER PIECE OF EQUIPMENT

A. Location Information - Enter information regarding the physical location of installation and the site contact.			
BUILDING NAME	CONTACT NAME	PHONE NUMBER	Ext.
ADDRESS	CITY	POSTAL CODE	
NATURE OF BUSINESS	PLANT CLASS	GUARDED STATUS	SPECIFIC LOCATION IN PLANT

B. Owner Information - Enter the owner of the property or the owner's agent. Inspection certificates will be mailed to this address.			
NAME OF BUILDING OWNER			
MAILING ADDRESS	CITY	POSTAL CODE	
CONTACT NAME	PHONE NUMBER	Ext.	EMAIL

C. Owner Billing Information - Enter the mailing address where invoices are to be sent (Note: The initial invoice will be mailed to the installer)			
BILLING NAME			
MAILING ADDRESS	CITY	POSTAL CODE	
CONTACT NAME	PHONE NUMBER	Ext.	EMAIL

D. Installer Information – Initial invoice(s) and certificate will be mailed to the installer.			
INSTALLATION COMPANY NAME	CONTACT NAME	PHONE NUMBER	Ext. EMAIL
QUALITY ASSURANCE #	QUALITY ASSURANCE # EXPIRY DATE	PREFERRED INSPECTION DATE	

E. Pressure Relief Device Specifications – A minimum of one is required. Attach supporting documentation if more than four			
#1 - SET PRESSURE	#1 - TOTAL CAPACITY	#2 - SET PRESSURE	#2 - TOTAL CAPACITY
#3 - SET PRESSURE	#3 - TOTAL CAPACITY	#4 - SET PRESSURE	#4 - TOTAL CAPACITY

COMPLETE ONE OF THE FOLLOWING SECTIONS 'F', 'G' or 'H', ONLY. ONE APPLICATION IS REQUIRED PER PIECE OF EQUIPEMENT INSTALLED

F. Boiler Data - Select and complete this section for a boiler installation			
MANUFACTURER	SERIAL # (If available)	NATIONAL BOARD # (If applicable)	
YEAR BUILT	M.A.W.P. (PSI)	CRN	
HEATING SURFACE (Example: BTU, GPH, SQFT, etc...)	PRESSURE	SIZE (In horsepower, rounded up)	
VESSEL TYPE	VESSEL USE	FUEL TYPE	FIRING METHOD

G. Pressure Vessel Data - Select and complete this section for a pressure vessel installation.				
MANUFACTURER		SERIAL # (If available)		NATIONAL BOARD # (If applicable)
YEAR BUILT	VERTICAL/HORIZONTAL	M.A.W.P. (PSI)	VOLUME (Liters)	DIMENSIONS (Inches) LENGTH / DIAMETER
VESSEL TYPE		VESSEL USE	PRESSURE VESSEL CONTENTS / FUEL	CRN

H. Refrigeration Plant Data - Select and complete this section for a refrigeration plant installation.				
MANUFACTURER		SERIAL # (If available)		YEAR BUILT
M.A.W.P. (PSI)	TOTAL HP (Include all motors)	TONNAGE (Tons)		POUNDS OF REFRIGERANT
VESSEL TYPE		VESSEL USE	PRIMARY REFRIGERANT	CRN

I. Supporting Documentation – Attach additional documents as required	
<input type="checkbox"/> MANUFACTURERS DATA REPORT (MANDATORY FOR ALL INSTALLATIONS) <input type="checkbox"/> VALID GAS OR OIL PERMIT (MUST INCLUDE A COPY OF THE APPROVED GAS PERMIT, AS APPLICABLE) <input type="checkbox"/> PIPING DATA REPORT (ATTACH IF PIPING IS ASSOCIATED WITH THE INSTALLATION) <input type="checkbox"/> IF THIS IS A PORTABLE BOILER, PROVIDE THE MB UNIT # _____ <input type="checkbox"/> IF A NEW REFRIGERATION PLANT, ATTACH DOCUMENTATION FOR ALL APPURTENANCES AND REGISTRATION DRAWINGS	
COMMENTS:	
I hereby declare: 1. The pressure equipment installation shall conform to the Steam and Pressure Plants Act and Regulation, Power Engineers Act and Regulation, Gas and Oil Burner Act and Regulation and all other applicable codes and is entirely the responsibility of the owner and/or contractor. The Department assumes no responsibility by examining the equipment, facility or installation. 2. A final, approved inspection is required prior to use. All phases of construction affecting the equipment shall be complete before the final inspection is requested. 3. The Quality Assurance manual will be onsite for the duration of the installation and initial inspection of pressure equipment.	
NAME OF APPLICANT (Applicant is Quality Assurance Holder/Installer)	
DATE	

DO NOT PRINT THIS FORM. SAVE THE ELECTRONIC VERSION AND SEND BY EMAIL
SCANNED COPIES WILL NOT BE ACCEPTED

INSPECTION AND TECHNICAL SERVICES MANITOBA OFFICE USE ONLY			
DATE APPLICATION RECEIVED		SERIAL #	YEAR INSTALLED
INSPECTION DATE		OBJECT TYPE	DISTRICT
ISSUE CERTIFICATE (IF NO, EXPLAIN BELOW) <input type="checkbox"/> YES <input type="checkbox"/> NO		HYDROSTATIC TEST YES NO	PSI HYDROSTATIC TEST DATE
INSPECTOR COMMENTS:			
UNIT #		BILLING #	OWNER #
			LOCATION #