

Pressure Equipment Status Report

This Application form must be filled in completely and returned to the Authority to keep our records up to date on the status of your pressure equipment. Please ensure that before any equipment is returned to service that your local inspector is notified. Failure to do so may result in cancellation of your Licence to Operate.

LIB-0007

I. Owner Information

Company: _____

Address: _____
(Apt/Street) (City, Prov) (Postal Code)

Phone #: () _____ **Fax #:** () _____

Contact: _____ **Contact Phone #:** () _____

Email: _____

To the best of my knowledge, this report and any supporting documents are accurate.

(Authorizing Signature)

(Date – YYYY MM DD)

II. Equipment Information *(only one piece of equipment per report)*

Licence Number: _____ **Serial Number:** _____

III. Equipment Status Change

Equipment was removed from service on _____
(MM / DD / YYYY)

Equipment was returned to service on _____
(MM / DD / YYYY)

Purchased from:
(attach form LIB-0002) _____
(Company Name) (Phone Number)

_____ (Address) _____ (Town/City) _____ (Province) _____ (Postal Code)

effective date: _____
(MM / DD / YYYY)

Sold to: _____
(Company Name) (Phone Number)

_____ (Address) _____ (Town/City) _____ (Province) _____ (Postal Code)

effective date: _____
(MM / DD / YYYY)

IV. Office Use Only

Processed By: _____ Serial Number: _____

Comments: _____