

Notification of Corrective Action Taken

This notification form must be filled in completely and returned to the Authority to inform of corrective actions taken as per the inspection report. Failure to do so may result in a cancellation of your Licence to Operate. Please complete a separate form for each licensed equipment item.

LIB-0009

I. Owner Information

Name: _____		
(Surname)	(First Name)	(Middle Initial)
Address: _____		
(Apt/Street)	(City, Prov)	(Postal Code)
Home Phone: () _____	Work Phone: () _____	Fax: () _____
Email Address: _____		
<p>To the best of my knowledge, this application and all supporting documents are accurate. I understand that a false or misleading statement in this application or in any of the reference or other evidence of qualification submitted by myself or on my behalf may result in the Chief Inspector denying this application.</p>		
_____		_____
(Signature of Applicant)		(Date - YYYY MM DD)

II. Corrective Action Taken

Inspection Report Number _____	Licence Number _____
Location of Equipment _____	
(Address or land location of property where equipment is located)	
All deficiencies listed on the above inspection report have been corrected.	
If required, has the Inspector been notified? Yes No	
R/A Permit #: _____	Contractor's Licence #: _____
(if required)	(if required)
Description of actions : _____	

III. Office Use Only

Corrections cleared? Yes No If no, state reason: _____

Reviewed by _____
(Date - MM DD YYYY)