

**Update to a Registered Pressure Relief Path Stop Valve Control Program  
Including Site and/or Equipment Ownership Changes**

This update form shall be filled in completely and returned to TSASK promptly whenever a site is added or removed from a registered PRP Stop Valve Control Program including changes in ownership. Failure to do so may result in a delay in the processing of your application and/or the suspension of the registered program. There is no fee for updating the program. All forms may be downloaded at [www.tsask.ca](http://www.tsask.ca).

**TSK-0015**

**I. Applicant's Information**

**Company Name:** \_\_\_\_\_ **Company Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Position:** \_\_\_\_\_  
(Apt/Street) (City, Prov) (Postal Code)

**Email:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Pressure Relief Path Stop Valve Control Program Registration Number:** \_\_\_\_\_

**OR Company QMS Registration # if PRP SVC is part of QMS Manual:** \_\_\_\_\_

**Purchased from(if adding sites): OR Sold to (if removing sites): OR New Site (leave this section blank):**

**Company Name:** \_\_\_\_\_ **Company Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Position:** \_\_\_\_\_  
(Apt/Street) (City, Prov) (Postal Code)

**Email Address:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

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

\_\_\_\_\_ \_\_\_\_\_  
*Authorizing Signature* *Date (YYYY-MMM-DD)*

**II. Addition of New Site(s) (Attach an additional sheet if required)**

**1. Site Name:** \_\_\_\_\_ **Location (LLD):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(If not an LLD) (Apt/Street) (City, Prov) (Postal Code)

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**2. Site Name:** \_\_\_\_\_ **Location (LLD):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(If not an LLD) (Apt/Street) (City, Prov) (Postal Code)

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**3. Site Name:** \_\_\_\_\_ **Location (LLD):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(If not an LLD) (Apt/Street) (City, Prov) (Postal Code)

**III. Deletion of Existing Site(s) (Attach an additional sheet if required)**

**1. Site Name:** \_\_\_\_\_ **Location (LLD):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(If not an LLD) (Apt/Street) (City, Prov) (Postal Code)

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**2. Site Name:** \_\_\_\_\_ **Location (LLD):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(If not an LLD) (Apt/Street) (City, Prov) (Postal Code)

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**3. Site Name:** \_\_\_\_\_ **Location (LLD):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(If not an LLD) (Apt/Street) (City, Prov) (Postal Code)