

Application For Dispenser Operator

Name: Date:				
Address:		City:		
Postal Code:		Telephone:		
Employer:		Employers Phone:		
Business Email:				
Fee is \$80.00 for a 2-year lice	nse.			
Student has written the require	ed PGAC-100-1 Examination	on and obtained a pass ma	rk of %.	
Mark verified by course instruc	ctor		 	
Student has been trained in the and has successfully purged, emergency procedures. Student of the student has been trained in the and has successfully purged, emergency procedures.	filled, and tested a propane	cylinder for leaks. Student	is familiar with start up	
Signature of Studer	nt .	Witnessed by lice	ensed person who veri	fies
Signature of Studen	ı	Witnessed by licensed person who verifies students have performed AHands On@ functions and can operate a dispenser safely.		
Note: All signatures on this Regulations have been met. Please Note: Personal information of	n this form is collected under section	on 31(c) of the Freedom of Inform	ation and Protection Privacy	Act R.S.P.E.I. 1988, c.
F-15.01 as it relates directly to and is this collection of personal information PE, Canada P.O. Box 2000 C1A 7N8,	, you may contact the Chief Office			
Administrative Purposes				
This Application has written th	e "K" Dispenser Operator E	xamination and passed wit	th a mark of	%.
License Issued: ☐ Ye	es 🗆 No			
Receipt Required: No				
Date Issue:	Expiry Date:	Receipt No.:	Initials:	Entered: