



# Application For Dispenser Operator

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employers Phone: \_\_\_\_\_

Business Email: \_\_\_\_\_

Fee is \$80.00 for a 2-year license.

Student has written the required PGAC-100-1 Examination and obtained a pass mark of \_\_\_\_ %.

Mark verified by course instructor \_\_\_\_\_

Student has been trained in the proper operation of the dispenser at this location. Student has completed a hands on training and skills evaluation and has successfully purged, filled, and tested a propane cylinder for leaks. Student is familiar with start up, shutdown, and emergency procedures. Student knows the location of all shut-off valves and fire extinguisher(s).

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Witnessed by licensed person who verifies students have performed a hands on training and skills evaluation and can operate a dispenser safely.

**Note: All signatures on this application declare that all requirements of the *Boiler and Pressure Vessel Act* and Regulations have been met.**

**Please Note:** Personal information on this form is collected under section 31(c) of the Freedom of Information and Protection Privacy Act R.S.P.E.I. 1988, c. F-15.01 as it relates directly to and is necessary for the administration of the Propane, Natural and Manufactured Gas Program. If you have any questions about this collection of personal information, you may contact the Chief Officer, Inspection Services Branch, 31 Gordon Drive, Charlottetown, PE, Canada P.O. Box 2000 C1A 7N8, Tel: (902) 368-5280.

## Administrative Purposes

This Application has written the "K" Dispenser Operator Examination and passed with a mark of \_\_\_\_\_ %.

License Issued:       Yes       No

Receipt Required:     Yes       No

Date Issue:	Expiry Date:	Receipt No.:	Initials:	Entered: