



Application for Licence to Purchase a Regulated Substance Under the Ozone Layer Protection Regulations

Information on this form is collected as required under Section 13 of the Ozone Layer Protection Regulations, made under Section 25 of the *Environmental Protection Act*.

| For Office Use Only | | |
|---------------------|-----|----------|
| | | |
| Licence No. | Fee | mm/dd/yy |

| Company Information | | <input type="checkbox"/> New Application <input type="checkbox"/> Renewal (Licence No. _____) | |
|---------------------|--------------|--|--|
| Company Name: | | Manager: | |
| Address: | | Telephone: | |
| City: | Postal Code: | Email: | |

| Type of Work (check as many as applicable) |
|--|
| <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Small Appliance <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Wholesaler |

| Employee Information (Registered Handlers) | | | |
|--|-------------------|------|-------------------|
| Name | Certification No. | Name | Certification No. |
| | | | |
| | | | |
| | | | |

| Recovery/Recycling Equipment | | * Rv – recovery | Ry – recycling |
|------------------------------|-----------|-----------------|----------------|
| Manufacturer | Model No. | Year | Type * |
| | | | |
| | | | |
| | | | |

| Declaration by Applicant: | | | |
|---|----------------|-----------|------|
| After taking all necessary steps to properly inform myself of the facts associated with this application, I certify that the above information is correct, accurate and complete to the best of my knowledge. | | | |
| Applicant Name | Title/Position | Signature | Date |

The completed application form, accompanied by the appropriate fee, (made payable to the Minister of Finance) should be submitted to:

Department of Agriculture and Land
 Inspection Services
 31 Gordon Drive
 PO Box 2000
 Charlottetown, PE C1A 7N8
 Phone: 902-368-5280 Fax: 902-368-5526