



**FORM 1**  
**APPLICATION FOR REGISTRATION OF A PLANT**

Initial

Annual Renewal

**SECTION 1**      **PLANT OWNERSHIP AND ADDRESS INFORMATION**  
*(Please complete in detail)*

Plant Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_ County \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Extension \_\_\_\_\_ Fax Number \_\_\_\_\_

Name of Plant \_\_\_\_\_

Street Address of Plant (same as above ) or \_\_\_\_\_

City/Town \_\_\_\_\_ County \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Extension \_\_\_\_\_ Fax Number \_\_\_\_\_

<b>FOR DEPARTMENTAL USE ONLY</b>				
Type of Plant Site Occupancy	<input type="checkbox"/> Institutional	<input type="checkbox"/> Public Assembly	<input type="checkbox"/> Residential	
	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Mixed	
TYPE OF PLANT	TOTAL PLANT RATING (kW)	TOTAL REGISTERED UNITS		
Power Boiler				
Unfired Boiler				
Heating Boiler				
Refrigeration				
Air or Gas Compressor				
<b>Chief Power Engineer or Chief Operator</b>	<b>First</b> <input type="checkbox"/>	<b>Second</b> <input type="checkbox"/>	<b>Third</b> <input type="checkbox"/>	<b>Fourth</b> <input type="checkbox"/>
<b>Certification Required</b>	<b>Refrigeration First</b> <input type="checkbox"/>	<b>Refrigeration Second</b> <input type="checkbox"/>	<b>Compressor</b> <input type="checkbox"/>	
<b>Shift Power Engineer or Operator</b>	<b>First</b> <input type="checkbox"/>	<b>Second</b> <input type="checkbox"/>	<b>Third</b> <input type="checkbox"/>	<b>Fourth</b> <input type="checkbox"/>
<b>Certification Required</b>	<b>Refrigeration Second</b> <input type="checkbox"/>	<b>Compressor</b> <input type="checkbox"/>		
<b>Type of Supervision Required</b>	<b>Continuous</b> <input type="checkbox"/>	<b>Periodic</b> <input type="checkbox"/>	<b>Minimum</b> <input type="checkbox"/>	
<b>Current Plant Registration Number</b> _____	<b>Previous Registration Number</b> _____			

**SECTION 2**      **GENERAL PLANT EQUIPMENT AND OCCUPANCY INFORMATION**      *(Please complete in detail)*

Existing Registration Number (If Any) \_\_\_\_\_

Equipment Changes Since Last Registration?      Yes       No

If yes, you must provide confirmation of equipment rating\*      Enclosed?      Yes       No   
 for any equipment not previously registered, in the form of  
 written manufacturer's specifications.

**SECTION 3**      **PLANT EQUIPMENT RATING**      *\*Please complete the following sections in detail, as they apply to the equipment in your plant. \**

**Part A**      **Steam or High Temperature Hot Water Boilers**      Not applicable

Power Boilers (over 103 kPa / 15 psig); Heating Boilers (not over 103 kPa / 15psig); Hot Water Boilers (over 1100 kPa (160 psig) or 121 °C / 250°F water temperature)  
 Unfired Boiler (over 103 kPa / 15 psig)

*NOTE: The information for each individual boiler must be specified separately in the table below*

Manufacturer's Name	CRN Number	Boiler Type (Fire/Water Tube/ Unfired)	Maximum allowable Working Pressure (kPa's)	BTU Input	Designed Capacity Lbs. Steam/hr.	Total Heating Surface (ft <sup>2</sup> )

\* CITED RATINGS OF EQUIPMENT NOT PREVIOUSLY REGISTERED MUST BE CONFIRMED THROUGH MANUFACTURERS SPECIFICATIONS

Are the boilers connected to a common steam distribution system?      Yes       No

Are the boilers used for process, building heating, or both?      Process       Heating



**Part C**

**Air or Gas Compressors Installed**

Not Applicable

**1. Air or non-flammable or non-toxic gas Compressors with a power rating in excess of 350 kW**

NOTE: The information for each individual air or gas compressor must be specified separately

Compressor Manufacturer's Name	Compressor Type (Screw, piston, etc.)	Type of Gas or Air	Compressor motive rating* in kW or mhp

\* CITED RATINGS OF EQUIPMENT NOT PREVIOUSLY REGISTERED MUST BE CONFIRMED THROUGH MANUFACTURERS SPECIFICATIONS

**2. Flammable or toxic gas Compressors with a power rating in excess of 37.5 kW**

NOTE: The information for each individual air or gas compressor must be specified separately

Compressor Manufacturer's Name	Compressor Type (Screw, piston, etc.)	Type of Gas	Compressor motive rating* in kW's or mhp

\* CITED RATINGS OF EQUIPMENT NOT PREVIOUSLY REGISTERED MUST BE CONFIRMED THROUGH MANUFACTURERS SPECIFICATIONS

Are the air or gas compressors connected to a common distribution system? Yes  No

**SECTION 4 ADDITIONAL REGISTRATION INFORMATION (Please complete in detail)**

Do you intend to operate the plant as a guarded plant under minimum or periodic supervision? Yes  No

If yes, please complete an enclosed additional registration Yes  No

Form 1A for guarded plants. Enclosed? Yes  No

Have you enclosed the fee for registration of a plant under the *Technical Safety Act* and Fees Regulations? Yes  No

Have you included a completed copy of a Plant Organizational Chart, Form 1B Yes  No

<b>SUBMITTED BY:</b>	<b>TITLE:</b>	<b>DATE:</b>