

## Notification of Termination Technical Standards and Safety Act

Propane Storage and Handling Regulation

Note: To be completed by any person who is the Officer/Director of the company.		
		For Office Use Only
Licence number:(please include all numbers and letters in your licence)		
Check applicable type of propane operatio	ons:	
Cylinder Fill Licence	Card/Keylock	
Motor Fill Licence	Filling Plant	
Company Name:		
Ontario Corporation No:/Business Identificat	ion No:	
Please select Facility Type: Level	1 Level 2	
Propane Supplier Name:		
Tropane Supplier Name.		
Details of Termination (Please list reason(s)	for termination of licence)	
Licence Termination Date:		
If the facility is being sold, will the <b>new own</b>	ers be selling propane/require a p	ropane licence: Yes No
If the facility is <u>NOT</u> shutting down and is sti	ill operating a business but no long	ger require a Propane Licence, please
provide the date the tank(s) be dismantled a		
Declaration: I am aware that it is an offer that the information I have given is true a		this docuemnt and I hereby declare
Name of the person authorized to bind the o		
Position/title in the company:		
Signature:		)ate:

This signature is confirming that the above-named facility no longer requires a Propane Licence. Please be advised that this if this facility requires a licence in the future a New Application and RSMP must be submitted.