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LABOUR AND IMMIGRATION
 Mechanical and Engineering Branch

MANITOBA
CERTIFICATE OF AUTHORIZATION
APPLICATION

APPLICATION CHECKLIST <i>HAVE YOU ENCLOSED...?</i>	
<input type="checkbox"/>	This completed form
<input type="checkbox"/>	Two copies of your Quality Control Manual
<input type="checkbox"/>	If reg'd in another Jurisdiction, proof of reg'n
<input type="checkbox"/>	NEW SUBMISSION
<input type="checkbox"/>	RESUBMISSION
<input type="checkbox"/>	REVISION TO EXISTING CA

DATE _____

MAILING ADDRESS

SITE ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)

Company Name			Name		
Mailing Address			Mailing Address		
City	Province/State	Postal Code/ZIP	City	Province/State	Postal Code/ZIP
Contact Person			Contact Person		
Telephone	Fax	E-mail	Telephone	Fax	E-mail
Certificate of Authority No			Certificate of Authority No		

CERTIFICATE OF AUTHORIZATION DETAILS

Person responsible for the administration of the Quality System	Title
Authorizations currently held (i.e., Authorizations from other provinces, ASME, National Board)	
ASME Or National Board Code stamps held	

Program Description	Mark (X) appropriate spaces to fully describe the scope of your application				Scope Authorized MB Auditor Use only			
	New Const		Repair/Alt		New Const		Repair/Alt	
	Shop	Field	Shop	Field	Shop	Field	Shop	Field
Manufacture Pressure Piping (Boiler Installation)								
Boiler External Piping								
ASME B31.1 (Power Piping)								
ASME B31.9 (Building Service Piping)								
Manufacture Boilers								
ASME Section I								
ASME Section IV								
Manufacture Pressure Vessels								
ASME Section VIII-1								
ASME Section VIII-2								
ASME Section VIII-3								
Fittings A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> H <input type="checkbox"/>								
Other								

For Office Use Only

Date Received _____	Date Approved _____
Certificate of Authorization Number _____	