



**LABOUR AND IMMIGRATION**  
Mechanical and Engineering Branch

**MANITOBA**  
**CERTIFICATE OF AUTHORIZATION**  
**APPLICATION**

500-401 York Avenue  
Winnipeg MB R3C 0P8  
CANADA  
[204] 945-3373  
[204] 948-2309 Fax  
www.gov.mb.ca/labour/safety

| 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"/> | <b>NEW SUBMISSION</b>          |
| <input type="checkbox"/> | <b>RESUBMISSION</b>            |
| <input type="checkbox"/> | <b>REVISION TO EXISTING CA</b> |

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   |       |

| Mark (X) appropriate spaces to fully describe the scope of your application  | Scope Authorized<br>MB Auditor Use only |       |            |       |           |       |            |       |
|--|---|-------|------------|-------|-----------|-------|------------|-------|
|  | New Const                               |       | Repair/Alt |       | New Const |       | Repair/Alt |       |
| Program Description  | Shop                                    | Field | Shop       | Field | Shop      | Field | Shop       | Field |
| <b>Manufacture Pressure Piping (Boiler Installation)</b>   |   |       |            |       |           |       |            |       |
| Boiler External Piping   |   |       |            |       |           |       |            |       |
| ASME B31.1 (Power Piping)  |   |       |            |       |           |       |            |       |
| ASME B31.9 (Building Service Piping)   |   |       |            |       |           |       |            |       |
| <b>Manufacture Boilers</b>   |   |       |            |       |           |       |            |       |
| ASME Section I   |   |       |            |       |           |       |            |       |
| ASME Section IV  |   |       |            |       |           |       |            |       |
| <b>Manufacture Pressure Vessels</b>  |   |       |            |       |           |       |            |       |
| ASME Section VIII-1  |   |       |            |       |           |       |            |       |
| ASME Section VIII-2  |   |       |            |       |           |       |            |       |
| ASME Section VIII-3  |   |       |            |       |           |       |            |       |
| <b>Fittings</b> 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 \_\_\_\_\_

