



Schedule 'I' - Gas or Oil Fuelled Appliance Inspection Form

*This form must be completed by a Class 1 or Class 2 Gas Fitter or Oil Burner Technician

Municipal Address:	
City:	
Postal Code:	
Unit # (if applicable):	

Contractor Information

Contractor's Name:	
Phone Number:	
TSSA Registration Number:	
Gas Fitter or Oil Burner Technician's Name:	

Declaration

I, a licensed Class 1 or 2 Gas Fitter or Oil Burner Technician, certify that this unit has been inspected and that ALL GAS AND/OR OIL FUELLED HEATING APPLIANCES (including, but not limited to: furnace, water heater, gas fireplace, gas stove) have passed this inspection.

Signature: _____

Date: _____

Personal information on this form is collected under the authority of the *Municipal Freedom of Information and Protection of Privacy Act* and will be used for the purpose of determining eligibility for licensing. Questions about this collection of personal information should be directed to the City Clerk, 200 McIntyre Street East, North Bay, ON. (705) 474-0626, ext. 2510.