

**OZONE DEPLETING SUBSTANCES AND
OTHER HALOCARBONS REGULATION, M.R. 103/94**



Application for Permit - Halon Fixed Fire Extinguishing Equipment

In Manitoba, owners/operators (persons who own or have care and control of the building, structure or part of a building or structure where the equipment is installed) are required to obtain a Halon Permit for fixed fire extinguishing equipment. A fixed halon system may only be recharged one-time up to December 31, 2009 with a Halon Recharge Permit. Within a year of a recharge, systems must be replaced, converted or decommissioned. Provisions are in place if continued operation of the fixed halon system is required. Owners/operators may apply for an Irreplaceable Halon Permit and Recharge Permit if there is no technically or financially feasible alternative to operating or recharging the system that could have a relatively lower environmental health impact than its continued operation. These requirements are in accordance with Section 13 of *Manitoba Ozone Depleting Substances and Other Halocarbons Regulation* 103/94. **NOTE:** A permit must be obtained for each fixed halon system for continued operation. Halon service technicians may not service or recharge fixed halon equipment unless valid permits for each fixed halon system are in place.

All applications for permits are to be submitted with the total payable to MOPIA (Manitoba Ozone Protection Industry Association). MOPIA is authorized to retain fees and issue permits as prescribed under Section 28 of Manitoba Regulation 103/94.

<p>Please check <input checked="" type="checkbox"/> each permit being applied for:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;"><input type="checkbox"/> Class 1 (Halon) Permit</td> <td style="width: 20%; text-align: right;">\$50.00</td> <td style="width: 40%;"></td> </tr> <tr> <td><input type="checkbox"/> Class 1 (Halon) Recharge Permit</td> <td style="text-align: right;">\$50.00</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Irreplaceable Class 1 (Halon) Permit</td> <td style="text-align: right;">\$50.00</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Irreplaceable Class 1 (Halon) Recharge Permit</td> <td style="text-align: right;">\$50.00</td> <td></td> </tr> <tr> <td style="text-align: right; padding-top: 10px;">TOTAL</td> <td style="text-align: right; padding-top: 10px;">\$ _____</td> <td></td> </tr> </table> <p>Method of Payment: <input type="checkbox"/> cheque <input type="checkbox"/> money order</p>	<input type="checkbox"/> Class 1 (Halon) Permit	\$50.00		<input type="checkbox"/> Class 1 (Halon) Recharge Permit	\$50.00		<input type="checkbox"/> Irreplaceable Class 1 (Halon) Permit	\$50.00		<input type="checkbox"/> Irreplaceable Class 1 (Halon) Recharge Permit	\$50.00		TOTAL	\$ _____		<p>Make cheque or money order payable to MOPIA.</p> <p><i>Please do not send cash in the mail. Cash payments may be made in person at the Manitoba Ozone Protection Industry Association (MOPIA) office located at</i></p> <p style="text-align: center;">1082 Main Street Winnipeg MB R2W 5J3</p>
<input type="checkbox"/> Class 1 (Halon) Permit	\$50.00															
<input type="checkbox"/> Class 1 (Halon) Recharge Permit	\$50.00															
<input type="checkbox"/> Irreplaceable Class 1 (Halon) Permit	\$50.00															
<input type="checkbox"/> Irreplaceable Class 1 (Halon) Recharge Permit	\$50.00															
TOTAL	\$ _____															

A. GENERAL APPLICANT INFORMATION- PLEASE COMPLETE ALL INFORMATION REQUESTED IN SECTIONS A AND B.			
Organization	Fax	Business Phone	
Contact/Designate Name and Title	Email		
Business Address	Postal Code		
Mailing Address, if different from above	Postal Code		
B. HALON SYSTEM INFORMATION - INFORMATION IS REQUIRED ON ALL CYLINDERS, INCLUDING SPARES FOR EACH SYSTEM. <small>(Use back of application form, if additional space needed for system cylinder information.)</small>			
Type of Halocarbon being used:	Specific Location of System:		
Total Number of cylinders/system:	Charging Capacity of System:		
Weight of Agent (lbs):	Proposed Date of Decommissioning System:		
System Cylinder Serial Number (D.O.T)	Manufacturer	Amount of Halon/Cylinder (lbs)	
I declare that the contents of this application are true and accurate and understand that providing false information may result in the refusal, cancellation or suspension of my permit.		Owner/Operator or Delegate Signature: <u> X </u>	
FOR OFFICE USE ONLY			
Date Received: _____		Permit No.: _____ Date Issued: _____	

Personal information is collected under the authority of *The Ozone Depleting Substances Act*, *Ozone Depleting Substances and Other Halocarbons Regulation* M.R. 103/094 and is used to issue permit and for enforcement purposes. Information collected is protected by the privacy provisions of *The Freedom of Information and Protection of Privacy Act*.

Locate MOPIA at 1082 Main Street, Winnipeg MB R2W 5J3 or visit www.mopia.ca
or call (204) 338-2222 or 1-888-667-4203

FIXED HALON SYSTEM INFORMATION - CONTINUED

System Cylinder Serial Number (D.O.T)	Manufacturer	Amount of Halon/Cylinder (lbs)
Total Amount of Halon/Cylinder (lbs)		