



TOWN OF PETAWAWA FIRE DEPARTMENT

FIRE PREVENTION BUREAU

1111 VICTORIA STREET

PETAWAWA ONTARIO

K8H 2E6

PHONE (613) 687-4759 FAX (613) 687-7225

REFRESHMENT VEHICLE REGISTRATION FORM

***BOTH SIDES OF THIS FORM MUST BE COMPLETED IN FULL AND FORM SIGNED AND SURRENDERED TO THE FIRE DEPARTMENT AT TIME OF INSPECTION.**

NAME OF REFRESHMENT VEHICLE AND SITE LOCATION/ADDRESS	OWNER NAME/ADDRESS
PHONE #	PHONE #
CONTACT NAME / #	EMAIL
MAKE OF VEHICLE:	VIN #
PORTABLE FIRE EXTINGUISHERS(Y/N) TYPE	FIXED EXTINGUISHING SYSTEM(Y/N) TYPE
DATE LAST INSPECTED:	DATE LAST INSPECTED:

I HAVE READ AND UNDERSTOOD THE TOWN OF PETAWAWA FIRE DEPARTMENT BYLAW REQUIREMENTS FOR THE OPERATION OF A REFRESHMENT VEHICLE IN THE TOWN OF PETAWAWA.

SIGNATURE:

DATE:



TOWN OF PETAWAWA FIRE DEPARTMENT

FIRE PREVENTION BRANCH

STATION # 2

1111 VICTORIA STREET

PETAWAWA ONTARIO

K8H 2E6

PHONE (613) 687-4759 FAX (613) 687-7225

TO BE COMPLETED BY PROPANE FITTER:

FITTERS NAME	BUSINESS NAME AND ADDRESS
CONTACT #	

APPLIANCE TYPE AND SERIAL NUMBERS

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

LICENCE, SERIAL OR IDENTIFICATION NUMBER OF VEHICLE INSPECTED

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I _____, CONFIRM THAT, AT TIME OF INSPECTION, THIS VEHICLE MET THE STANDARDS OF THE PROPANE INSTILLATION CODE.

FITTERS LICENCE NUMBER

SIGNATURE: _____ DATE: _____
