

Please PRINT clearly and fill out one form for each test period. All information must be completed.

Date:		Transport Canada Facility Registration #:	
Company Name:			
Contact Name:			
Shipping Address (Street # & Name)			
City:	Province:	Postal Code:	
Phone:	Fax:		
Name of Safety Officer:		Certificate #:	
Company Location Where Decals Are To Be Used:			
Do you require a Header Decal? (<i>NOTE: only required on first test, not renewals.</i>)			<input type="checkbox"/> YES <input type="checkbox"/> NO
Month of Test (01 = Jan, 02 = Feb, etc.)		Year of Test (Last 2 digits of Year)	
Type of Test (V = Visual, P = Pressure, VP = Both):		Facility #:	

By signing this I accept the responsibility for application of this program as outlined in the *NTSP Quality Control Manual* and ensuring that the Safety Officer is capable of managing the program, and that I trained in compliance with the NTSP.

PRINT NAME

POSITION

SIGNATURE

ITEM #	DESCRIPTION	QTY	COST	TOTAL
REG-SET	Header plus Test Data Number Decals		\$ 15.50	
REG-NBR	1 set of Test Data Number Decals Only		\$ 4.95	
REG-01	Header Decal Only		\$ 7.80	
	GST # 108199837		5%	
			TOTAL	

SHIPPING INFORMATION:

Courier Name: _____
Phone #: _____

Account #: _____

PAYMENT OPTIONS:

CREDIT CARD: VISA MASTERCARD AMEX

Card #: _____ Expiry Date: _____

CHEQUE: Made payable to *"Canadian Association of Agri-Retailers"*

INVOICE: Available for CAAR Members only

Send completed Form and Payment to:

CAAR - Nurse Tank Safety Program
628 - 70 Arthur Street
WINNIPEG, MB R3B 1G7
Bus: (204) 989-9300 | Fax: (204) 989-9306