



## Notification of Corrective Action Taken

This notification form must be filled in completely and returned to the Ministry to inform of corrective actions taken as per the inspection report. Failure to do so may result in a cancellation of your Licence to Operate. Please complete a separate form for each licensed equipment item.

**LIB-0009**

### I. Owner's Information

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Apt/Street) (City, Prov) (Postal Code)

**Phone #:** ( ) \_\_\_\_\_ **Fax #:** ( ) \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Contact Phone #:** ( ) \_\_\_\_\_

**Email:** \_\_\_\_\_

To the best of my knowledge, this application and all supporting documents are accurate. I understand that a false or misleading statement in this application or in any of the reference or other evidence of qualification submitted by myself or on my behalf may result in the chief inspector denying this application.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date - YYYY MM DD)

### II. Corrective Action Taken

*All deficiencies have been corrected as per the inspection report #:* \_\_\_\_\_

*If required, has the Inspector been notified?*  **Yes**  **No**

**R/A Permit #:** \_\_\_\_\_ **Contractors Licence #:** \_\_\_\_\_  
(If required) (If required)

**Description of actions :** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### III. Office Use Only

Corrections cleared?  **Yes**  **No** If no, state reason: \_\_\_\_\_

Reviewed by \_\_\_\_\_  
(Date - MM DD YYYY)