



Application for a Quality Program Review

This Application form must be filled in completely and returned to this department with payment. Failure to do so may result in a delay in the processing of your application. Please refer to [LIB-0003](#) Client Authorization Payment form for payment options. You can download all forms at www.cpsp.gov.sk.ca

LIB-2004

I. Company Information

Company Name: _____		
Address: _____		
(Apt/Street)	(City, Prov)	(Postal Code)
Home Phone: () _____	Work Phone: () _____	Fax: () _____
Contact Name _____	_____	
(Surname)	(First Name)	
Email Address: _____	Position _____	
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. Company Information

This application is for: (Please check one)	New Application	Renewal
Quality Control Program	(Fee for Review: \$379.00)	QCP - _____
Quality Management System	(Fee for Review: \$410.00)	QMS - _____
Quality Program Revision	(Fee for Review: \$92.00)	_____

III. Submission Information

Please include the following with this completed application form:

- Two controlled manuals with one being assigned to the Saskatchewan Boiler and Pressure Vessel Safety Unit
- Full payment for the review of your program.

IV. Office Use Only

Reviewed by _____	_____
	Date
Revenue Code 510-433203	