

I. Personal Information			
FIRST NAME	MIDDLE INITIAL	SURNAME	
ADDRESS		CITY/TOWN	POSTAL CODE
MAILING ADDRESS		PRIMARY PHONE	CELL PHONE
E-MAIL ADDRESS			
II. License Reinstatement Information			
Select the Gas Fitter or Oil Burner License you are requesting reinstatement of:			
Commercial (A) Gas License	Domestic (B) Gas License	Liquid Petroleum (C) Gas License	Utility (D) Gas License
Special (E) Gas License	Recreational Vehicle Gas License	Oil Burner Installer	Special Oil Burner
III. Verification Documents			
Submit a copy of your photo identification. (Photo identification is required to issue reinstated license).			
Submit letter(s) from your employer(s) verifying your continuous work in the trade during the period when license was lapsed.			
Or			
Submit an Experience Self Declaration ITS Form 04 made before a Commissioner for Oaths where it is not possible to obtain letter(s) from employer(s).			
SIGNATURE		DATE (YYYY/MM/DD)	

INSPECTION AND TECHNICAL SERVICES OFFICE USE ONLY		
License issued in person	COMMENTS	SIGNATURE
License mailed		
Other (see comments)		DATE (YYYY/MM/DD)