



**Office of the Fire Commissioner**  
 508-401 York Avenue, Winnipeg, MB R3C 0P8  
 Phone: 204-945-3322  
 Fax: 204-948-2089



**APPLICATION FOR PERMIT**

Authorizing the Sale or Lease of a Mobile Home or Recreational Vehicle

**INSTRUCTIONS:** (1) Please print (2) Fee must accompany application  
 (3) Cheques or money orders are made payable to the Minister of Finance (Do not send cash in mail)

**1) APPLICATION INFORMATION:**

- a) Applicant Name \_\_\_\_\_
- b) Company Name (if applicable) \_\_\_\_\_
- c) Address \_\_\_\_\_ City/Town \_\_\_\_\_ Prov. \_\_\_\_\_  
 Postal Code \_\_\_\_\_ d) Phone Number \_\_\_\_\_

**2) DESCRIPTION OF UNIT:**

- A) TYPE OF UNIT: 1.  Double –wide Mobile Home
- 2.  Conventional Mobile Home
- 3.  Travel Trailer
- 4.  Camping or Tent Trailer
- 5.  Motor Home
- 6.  5th Wheel Trailer
- 7.  Truck Camper
- 8.  \_\_\_\_\_

**B) IDENTIFICATION:**

- 1. Manufacturer \_\_\_\_\_
- 2. Trade Name \_\_\_\_\_ 3. Year Built \_\_\_\_\_
- 4. Model No. \_\_\_\_\_ 5. Serial No. \_\_\_\_\_

**C) SPECIFICATION:**

- 1. Length \_\_\_\_\_ 2. Width \_\_\_\_\_

**3) STANDARDS CERTIFICATION: (CSA or DOL) Only**

- 1. Certification Agency \_\_\_\_\_ 2. Label No. \_\_\_\_\_

**4) INSPECTION INFORMATION:**

- A) PROPOSED USE:  
 1.  Dwelling Units 2.  Recreational Unit 3.  Construction Camp 4.  \_\_\_\_\_

**B) LOCATION OF UNIT:**

Address \_\_\_\_\_

- C) ACCESS: Inspectors must have access to interior of unit. Please indicate any special arrangements necessary.

\_\_\_\_\_  
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**5) SIGNATURE OF APPLICANT \_\_\_\_\_ Date \_\_\_\_\_**

**Department use only**

Assignment
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Authorized: _____ Inspector	Date: _____
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Fee: \$20.00
-P Permit #: