



Office of the Fire Commissioner
Inspection and Technical Services Manitoba
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Winnipeg Manitoba Canada R3C 0P8
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**Application for Variance of Gas and Oil
Equipment**
The Gas and Oil Burner Act

ITSM Form 17

I. Applicant Information						(PLEASE PRINT)
APPLICANT NAME OR FIRM NAME				CONTACT NAME		
ADDRESS				CITY/TOWN		
PROVINCE, POSTAL CODE		PHONE NUMBER		E-MAIL ADDRESS		
INSPECTION ADDRESS			INSTALLATION ADDRESS			
CONTRACTOR		GAS FITTER		LICENCE NUMBER		
II. Variance Information						
1. Reason for Variance <input type="checkbox"/> Equivalent method proposed <input type="checkbox"/> Proposed method exceeds current requirements <input type="checkbox"/> Proposed method does not apply to Code/Standard/Regulation						
2. Identify Specific Code/Standard/Regulation article to which the Variance is being considered:						
III. Equipment Information						
DESCRIPTION OF EQUIPMENT	NO. OF UNITS	MODEL NO.	SERIAL NO.	BTU	CERTIFYING AGENCY	
MANUFACTURER		ADDRESS		PHONE NUMBER		
IV. Verification Documents						
<input type="checkbox"/> Completed Assurance of Professional Design and Commitment for Inspection Form						
<input type="checkbox"/> Specific request or proposal for variance						
<input type="checkbox"/> Any supporting documentation, including drawings or schematics to support the request for variance						
SIGNATURE OF APPLICANT			DATE (YYYY/MM/DD)			
INSPECTION AND TECHNICAL SERVICES OFFICE USE ONLY						
UTILITY BOOKED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		COMMENTS		SIGNATURE		
ASSIGNED TO						
DATE ASSIGNED				DATE (YYYY/MM/DD)		
INSPECTION DATE AND TIME						