



**Office of the Fire Commissioner**  
Inspection and Technical Services Manitoba  
500-401 York Avenue  
Winnipeg Manitoba Canada R3C 0P8  
Phone: (204) 945-3373  
Fax: (204) 948-2309

**Application for Variance of Gas and Oil  
Equipment**  
*The Gas and Oil Burner Act*

ITSM Form 17

<b>I. Applicant Information</b>						<b>(PLEASE PRINT)</b>
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			
<b>II. Variance Information</b>						
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:						
<b>III. Equipment Information</b>						
DESCRIPTION OF EQUIPMENT	NO. OF UNITS	MODEL NO.	SERIAL NO.	BTU	CERTIFYING AGENCY	
MANUFACTURER		ADDRESS		PHONE NUMBER		
<b>IV. Verification Documents</b>						
<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)			
<b>INSPECTION AND TECHNICAL SERVICES OFFICE USE ONLY</b>						
UTILITY BOOKED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		COMMENTS		SIGNATURE		
ASSIGNED TO						
DATE ASSIGNED						
INSPECTION DATE AND TIME						
		DATE (YYYY/MM/DD)				