

Client Authorization Payment Form

This form must be used for all credit card payments involving Gas & Electrical Licensing that are mailed to the Ministry of Government Relations.

Credit Card Information Visa Mastercard

Name Appearing on Card _____

Card Number _____

Date of Expiry _____

Address of Cardholder _____

Telephone Number _____

I authorize the following amount to my card: \$ _____

Signature of Applicant _____

Date of Application _____

Keep a copy of your completed application. Mail your original application, attachments and this completed Client Authorization Payment Form to:

Gas and Electrical Licensing
100 – 1855 Victoria Avenue
REGINA SK S4P 3T2
Phone: (306) 787-4530
Fax: (306) 798-8882
Email: gelicensing@gov.sk.ca
www.saskatchewan.ca/buildingstandards