

# Propane Distributor's Refillable Cylinders Licence Application

The undersigned hereby makes application, according to provisions of *The Gas Licensing Act* for a Propane Distributor's Refillable Cylinders Licence.

Applicant's Name \_\_\_\_\_

Business Name \_\_\_\_\_

I am an agent for  
(Name of propane supplier) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Licence Fee**       1 Year - \$30.00, or  3 Years - \$90.00

*Licence fees are payable to the Minister of Finance. Payment accepted by cheque, cash, money order, bank draft, debit, Visa or MasterCard. Please do not send cash in the mail.*

Signature of Applicant \_\_\_\_\_

Date of Application \_\_\_\_\_

**Client Authorization Payment Form** (for all credit card payments not completed in person)

**All services provided by Government Relations – Gas & Electrical Licensing may be paid for:**

**In Person**

- Cash
- Debit (Interac)
- Credit Card (Visa or Mastercard)
- Cheque or money order payable to **Minister of Finance**

**By Mail, Fax or Email**

- Credit Card (Visa or Mastercard)
- Cheque or money order payable to **Minister of Finance**

**If Paying by Credit Card**

Credit Card Information

Visa

Mastercard

Name Appearing on Card

\_\_\_\_\_

Address of Cardholder

\_\_\_\_\_

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

I authorize the following amount to my card:

\$ \_\_\_\_\_

Cardholder Signature

\_\_\_\_\_

Date of Application

Card Number

\_\_\_\_\_

Date of Expiry

\_\_\_\_\_

Security Code (3 digit code on back):

\_\_\_\_\_

Keep a copy of your completed application; provide the original application, attachments and payment 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](mailto:gelicensing@gov.sk.ca)

[www.saskatchewan.ca/buildingstandards](http://www.saskatchewan.ca/buildingstandards)