

Update to a Registered Pressure Relief Path Stop Valve Control Program Including Site and/or Equipment Ownership Changes

This update form shall be filled in completely and returned to TSASK promptly whenever a site is added or removed from a registered PRP Stop Valve Control Program including changes in ownership. Failure to do so may result in a delay in the processing of your application and/or the suspension of the registered program. There is no fee for updating the program. All forms may be downloaded at www.tsask.ca. Return to info@tsask.ca.

TSK-0015

I. Applicant's Information

Company Name: _____	Company Contact: _____	
Address: _____ <small>(Apt/Street)</small>	<small>(City, Prov)</small> _____ <small>(Postal Code)</small> _____	
Email: _____	Work Phone: _____	Cell: _____
Pressure Relief Path Stop Valve Control Program Registration Number: _____		
OR Company QMS Registration # if PRP SVC is part of QMS Manual: _____		
Purchased from(if adding sites): _____ OR Sold to (if removing sites): _____ OR New Site (leave this section blank): _____		
Company Name: _____	Company Contact: _____	
Address: _____ <small>(Apt/Street)</small>	<small>(City, Prov)</small> _____ <small>(Postal Code)</small> _____	
Email: _____	Work Phone: _____	Cell: _____

To the best of my knowledge, this report and any supporting documents are accurate

Authorizing Signature

Date (YYYY-MMM-DD)

II. Addition of New Site(s) (Attach an additional sheet if required)

1. Site Name: _____	Location (LLD): _____
Address: _____ <small>(If not an LLD)</small>	<small>(Apt/Street)</small> _____ <small>(City, Prov)</small> _____ <small>(Postal Code)</small> _____
2. Site Name: _____	Location (LLD): _____
Address: _____ <small>(If not an LLD)</small>	<small>(Apt/Street)</small> _____ <small>(City, Prov)</small> _____ <small>(Postal Code)</small> _____
3. Site Name: _____	Location (LLD): _____
Address: _____ <small>(If not an LLD)</small>	<small>(Apt/Street)</small> _____ <small>(City, Prov)</small> _____ <small>(Postal Code)</small> _____

III. Deletion of Existing Site(s) (Attach an additional sheet if required)

1. Site Name: _____	Location (LLD): _____
Address: _____ <small>(If not an LLD)</small>	<small>(Apt/Street)</small> _____ <small>(City, Prov)</small> _____ <small>(Postal Code)</small> _____
2. Site Name: _____	Location (LLD): _____
Address: _____ <small>(If not an LLD)</small>	<small>(Apt/Street)</small> _____ <small>(City, Prov)</small> _____ <small>(Postal Code)</small> _____
3. Site Name: _____	Location (LLD): _____
Address: _____ <small>(If not an LLD)</small>	<small>(Apt/Street)</small> _____ <small>(City, Prov)</small> _____ <small>(Postal Code)</small> _____