



Federal Halocarbon Regulations, 2022

Subsection 20(1)

**Request for a permit to test, install or charge a halocarbon
IN A FIRE-EXTINGUISHING SYSTEM**

(One request for each system and activity type)

Applicant information	
Name of applicant (e.g. corporation):	
Address:	
Name of officer or person authorized to act on behalf of applicant and title	
Telephone:	
Email address:	
Confidentiality	
Do you request this information remain confidential as specified in subsection 313(1) of the <i>Canadian Environmental Protection Act, 1999</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No if "Yes", attach reasons
Description of the system	
Specific location	
Serial number or Unique identifier	
Type of halocarbon contained in system	
Charging Capacity (kg)	

Information respecting the halocarbon		
Requested activity (only one)	Test <input type="checkbox"/>	Install <input type="checkbox"/> Charge <input type="checkbox"/>
Type of substance	<input type="checkbox"/> 1 Tetrachloromethane (carbon tetrachloride) <input type="checkbox"/> 2 1,1,1-trichloroethane (methyl chloroform), except 1,1,2-trichloroethane <input type="checkbox"/> 3 Chlorofluorocarbons (CFC) <input type="checkbox"/> 4 Bromochlorodifluoromethane (Halon 1211)	<input type="checkbox"/> 5 Bromotrifluoromethane (Halon 1301) <input type="checkbox"/> 6 Dibromotetrafluoroethane (Halon 2402) <input type="checkbox"/> 7 Bromofluorocarbons except those set out in items 4 to 6 <input type="checkbox"/> 8 Bromochloromethane (Halon 1011) <input type="checkbox"/> 9 Hydrobromofluorocarbons (HBFC)
Specific substance		Pure <input type="checkbox"/> Blend <input type="checkbox"/>
Justification		
<p><i>Please provide information in support of the below declaration, including research on alternatives and reasons they are not technically or financially feasible.</i></p>		
<p><i>Supplemental information can be included on a separate sheet.</i></p>		
Declaration		
<p>I declare that no technically and financially alternative exists that could have relatively lower environmental and health impact compared to the system for which the permit is being requested.</p>		
Date, place	Signature of applicant, officer or person authorized to act on behalf of applicant	