

MOTOR VEHICLE FUEL SYSTEM CONVERSION DECLARATION

Note: Technical Safety BC collects your personal information for the purpose of administering permits and other activities under the Safety Standards Act and may need to disclose this information to entities such as utilities, provincial agencies and municipalities.

By submitting this form you are consenting to the disclosure described above.

Any personal information collected is handled in accordance with the British Columbia Freedom and Protection of Privacy Act. If you have questions about the collection, use, or disclosure of this information, contact the Records, Information and Privacy Analyst for the Technical Safety BC at 1 866 566 7233.

This submission of this form to Technical Safety BC is a mandatory declaration of compliance for the permit decal issued and indicates the installed vehicle fuel system conforms to the applicable adopted code in force at the time conversion.

PLEASE NOTE THAT A COPY OF THIS FORM MUST BE:

1. Retained by vehicle owner
2. Retained by operating permit holder/certified Installer
3. Provided to Technical Safety BC – GasSupport@technicalsaftybc.ca

NOTE: This form is applicable to vehicle fuel system conversions regulated under the Gas Safety Regulation only. This form is not applicable to electrical vehicle conversions.

NOTE: Vehicle owners must immediately update the vehicle registration with the new fuel type as required by *Motor Vehicle Act*, s. 15(1), by taking this form and the current ICBC Owner's Certificate of Insurance and Vehicle Licence to an Autoplan broker.

A. Conversion Type (please PRINT clearly)

<input type="checkbox"/> Natural Gas (CNG)	<input type="checkbox"/> Propane (LPG)	<input type="checkbox"/> Propane and Diesel
<input type="checkbox"/> Natural Gas and Gasoline	<input type="checkbox"/> Propane and Gasoline	<input type="checkbox"/> Liquefied Natural Gas (LNG)

Date:	MM	DD	YYYY	Conversion vehicle type: <input type="checkbox"/> Dual Fuel <input type="checkbox"/> Multi-fuel <input type="checkbox"/> Single Fuel
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B. Registered Owner and Vehicle Information

Registered owner of vehicle:							
Address:	Suite No:	Street No:	Street Name:	City:	Postal Code:		
Primary Phone:			Mobile Phone:	Email (Optional):			
Vehicle Make:			Model:	Year:			
Engine:			Vehicle Identification Number (VIN):				
Alternative fuel system make:						Year:	
Fuel container	Mfg.	Part Number	Serial no.	Mfg. date	Type	Capacity	Service Pressure
# 1							
# 2							
# 3							

C. Operating permit holder/ installer

Gas Operating Permit Holder Name: <small>Site Name or Establishment</small>							
Address:	Suite No:	Street No:	Street Name:	City:	Postal Code:		
Gas Operating Permit Number: GAOP				Certified Vehicle Conversion Installers:			
Certified Installer's Certificate Number: CGA				Gas Permit Decal Serial Number:			

D. Declaration

I, _____, a Certified Vehicle Conversion Technician for the above listed Operating permit holder, hereby declare that the vehicle conversion authorized under the above-mentioned decal permit number has been installed to complies with the requirements of the <i>Safety Standards Act</i> and Regulations of British Columbia.	
Placed in operation (please provide date mm/dd/yyyy): _____	
Date of Submission	Signature of certified installer:

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