



Application for Exemption by Permit (Alberta Equivalent Level of Safety)

Dangerous Goods Transportation and Handling Act, Section 5(1)

Section A: Stakeholder Information

Company Name: _____
(Must be proper registered owner name as appears on vehicle registration)

Operating As (O/A): _____ MVID #: _____

Business Address: _____

City/Town: _____ Province: _____

Postal Code: _____ Phone : _____ Fax: _____

Mailing Address: _____
(if different from above)

Section B: Application Information (All fields are mandatory)

Permit Precedent Requested: _____

Recommended by: _____ Alberta EDGE DG Inspector

Dangerous Goods Identification

UN Number	Shipping Name	Class / Division	Means of Containment <small>(Tank/container type, specification, etc. Attach additional info if req'd)</small>	Total Quantity <small>(in litres)</small>
e.g., UN1203	e.g., GASOLINE	e.g., 3	e.g., Non-spec fuel tank (generator)	e.g., 255 L

What sections of the *Transportation of Dangerous Goods Act/Regulations* cannot be complied with?

Why are you not able to fully comply with the regulatory requirements?

How will an equivalent level of safety be ensured if an exemption is granted?

(Attach supporting documents, reference documents, training materials, and/or MSDS sheets to support your application)

Name of person making application: _____ Signature: _____

Contact Number: _____ Position: _____

Email: _____

Any information provided in this application is collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act*. This information will be used for the purpose of administering the permit and verifying compliance information. If you have questions about the collection of this information, contact Alberta Transportation at 1-800-272-9600.

INTERNAL USE ONLY

Safety Fitness Rating: _____ Reviewed: _____ Denied: _____

Service Restrictions: _____ Approved: _____ Revoked: _____