

Establish a Draw Down Account for:

Company/Organization: _____

If a government organization, please check level: Federal Provincial Municipal

Contact Information

First Name: _____	Last Name: _____
Title: _____	Street Address: _____
City: _____	Province: _____
Postal Code: _____	Phone: _____
Fax: _____	Email: _____
Alternate Contact Name: _____	Alternate Phone: _____

Account Information

Please read this section:

Enclosed is our cheque payable to the **Minister of Finance** in the amount of \$ _____ *(Minimum \$120.00)*.
 We have estimated the amount to be sufficient to cover the fees for gas permits by all persons authorized to use the account over the next 30 day period.

I acknowledge the financial responsibility for all gas permits charged against our account remains with this company, and you are authorized and directed to debit the proper fees from the account for all services made by any person who properly identifies our account. I acknowledge that it is our responsibility to maintain sufficient funds in our account at all times. Should the account at any time not contain sufficient funds to cover the proper fee for permits requested, I understand you are authorized to discontinue processing any permit requests. I acknowledge that if changes to the permits are required, sometimes these changes could be notification forwarded to Inspection and Technical Services Manitoba from the customer, the Utilities or from Inspection and Technical Services Manitoba Inspectors.

The above name applicant hereby authorizes ITS to modify a specific permit. If the changes require a fee adjustment, the applicant hereby authorizes ITS to modify the company's draw down account.

The applicant hereby applies for a draw down account and agrees to the statements outlined above and the TERMS AND CONDITIONS set out in ITS GO Guide 01- Apply for an Online Gas Permit Account.

_____	_____	_____
<i>Applicant Name (Print)</i>	<i>Authorized Signature</i>	<i>Date</i>

Mailing Information

Mail this completed form and cheque to: Inspection and Technical Services
 508-401 York Avenue
 Winnipeg, Manitoba
 R3C 0P8

Office Use Only

Update Transaction Type: Add Change Delete	District Office: _____ Authorized By (Name and Signature): _____
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