



Oil Burning Equipment Form

General Information

Project Address:		
Installer:	Telephone:	Email:

Checklist

<input type="checkbox"/> Requirements of CSA B139-19 have been met	<input type="checkbox"/> Part 9 Residential Building
<input type="checkbox"/> Requirements of 2020 National Building Code have been met	<input type="checkbox"/> Part 9 Non-Residential Building
<input type="checkbox"/> Manufacturer's Installation Manual has been followed	<input type="checkbox"/> Part 3 Building

Appliance Information

Make:	
Model:	
Serial Number:	
Manufacture Date:	

Venting Information

	ULC Standard	
Make:		
Model:		
Type:		

Declaration of Applicant:

I, _____, print name, the applicant for this application, certify that this installation conforms with the provided Manufacturer's Installation Manual, 2020 National Building Code, and CAN/CSA B139-19 to the best of my knowledge.

 Signature

 Date