



Recreation Facility
Association
of Nova Scotia

Supporting you – from the ground up

Second Class Refrigeration Pre-Assessment Application Form

Applicant Name: _____

Address: _____

City: _____

Prov: _____ Postal Code: _____

Home Telephone: _____ Cell: _____

Fax: _____

E-mail: _____

GED/Grade 12 Yes Include with application No

Hours - 2000 proof will be confirmed by ticketed operator.

Date of Birth: _____

Social Insurance Number: _____

Driver's License Master Number: _____

Applicant's Signature: _____

Date: _____

Facility: _____

Chief Engineer: _____

Ticket number: _____

Facility Phone: _____

Employer's Signature: _____

Date: _____

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