



**CERTIFICATE OF FITNESS**

Certifying Authority: \_\_\_\_\_

Facility, Equipment or Installation: \_\_\_\_\_

\_\_\_\_\_

Owner or Operator of Facility: \_\_\_\_\_

Address of Owner or Operator: \_\_\_\_\_

\_\_\_\_\_

Site or Region: \_\_\_\_\_

\_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

- This Certificate is issued pursuant to the *Nova Scotia Offshore Certificate of Fitness Regulations* and is a Certificate of Fitness within the means of such *Regulations*.
- Every limitation on the operation of the installation is detailed in a Schedule endorsed by the Certifying Authority and attached to this Certificate.

The undersigned Certifying Authority having carried out the approved scope of work and determined that the installation,

- (i) is designed, constructed, transported and installed or established in accordance with the standards required by the *Nova Scotia Offshore Certificate of Fitness Regulations*, and
- (ii) is fit for the purpose for which it is to be used and can be operated safely without polluting the environment; and
- (iii) will continue to meet the requirements of (i) and (ii) for the period of validity of this Certificate if the installation is maintained in accordance with the inspection, maintenance and weight control programs submitted to and approved by the Certifying Authority.

HEREBY CERTIFIES THAT:

1. The equipment or installation described above,
  - (a) is fit for the purposes for which it is to be used and may be operated safely without posing a threat to persons or to the environment in the location and for the time set out in this certificate; and
  - (b) is in conformity with all of the requirements and conditions that are imposed pursuant to subsection 142(4) of the Accord Acts (Federal version), whether they are imposed by regulation or by the Board.
2. In the opinion of the Certifying Authority, the said scope of work meets the requirements for approval set out in the *Nova Scotia Offshore Certificate of Fitness Regulations*, and the scope of work, inspection, survey and review are sufficiently comprehensive to allow it to make the statements contained in this Certificate.

IN WITNESS WHEREOF the Certifying Authority has caused this certificate to be executed by its proper officer duly authorized this \_\_\_\_\_ day of \_\_\_\_\_ .

\_\_\_\_\_  
(Name of Certifying Authority)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Please print name and title)