

## REQUEST FOR HOT WORK AUTHORIZATION

### Information

Date request submitted		
Port Location	HAMILTON	OSHAWA

### Individual requesting Authorization

Last Name	First Name	Email Address	
Authorization to be issued to			
Contact name for company			
Address	City - Province	Postal Code	
Telephone (work)	Cell Phone		
Email Address			

### Vessel Information

Vessel Name	
Location (Pier)	
Start Date	End Date
Start time  HOURS	Finish time  HOURS
Description of hot work to be completed:	

I, the undersigned, acknowledge the following:

- This report must be submitted to the Harbour Master prior to hot work taking place.
- Authorization to be issued in accordance with the Port Authority Operations Regulation. Failure to do so may result in postponement of activity.
- **Authorization approval must be issued prior to the commencement of the proposed activity.**

### Individual requesting Authorization

Signature	Date
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The following request for authorization must be submitted to the Harbour Master for approval **24 hours** prior to the activity taking place.

Email : [authorization@hopaports.ca](mailto:authorization@hopaports.ca)

**HARBOUR MASTERS OFFICE / PORT PATROL : 905-525-3412**