

APPLICATION FOR CERTIFICATE OF QUALIFICATION

(Please complete in detail)

Are you currently registered with Technical Safety? **Yes** ☐ **No** ☐ NSID# _____

Name _____

Mailing Address _____

P.O. Box / Street City/Town Province Postal Code
 Phone Number (Home) _____ (Work) _____ Extension _____ Fax Number _____

Please complete the sections for which you are applying:

If you are applying for an examination please complete **sections 1 & 2**

If you are applying for a transfer of certification please complete **sections 2 & 3**

If you are applying for a certificate of qualification complete **sections 1 & 2**

If you are applying for a certificate of qualification as per Military /Marine Engineer complete **sections 2 & 4**

If you are applying for a special examination for an expired certificate complete **sections 1 & 2**

If you are applying for the first time for First Class or Second Class Power Engineer, please check **"New"**

SECTION 1: APPLICATION FOR EXAMINATION OR CERTIFICATION

Please circle the examination paper you wish to write or certification level you are applying for

INTER-PROVINCIAL CERTIFICATION LEVEL	EXAMINATION PAPERS							
First Class Power Engineer <input type="checkbox"/> NEW <input type="checkbox"/> OLD	A1	A2	A3	A4	B1	B2	B3	B4
Second Class Power Engineer <input type="checkbox"/> NEW <input type="checkbox"/> OLD	A1	A2	A3		B1	B2	B3	
Third Class Power Engineer	A1	A2			B1	B2		
Fourth Class Power Engineer	A				B			
Process Operator	A							
Second Class Refrigeration Plant Operator	A							

PROVINCIAL CERTIFICATION LEVEL	EXAMINATION PAPER	
Fourth Class Unfired Power Engineer	A	
First Class Refrigeration Plant Operator	A	
Compressor Plant Operator	A	
Class 1 Licence with Lattice Boom, EOT, or HT or SETC yes or no	A	B
Class 2 Licence with Lattice Boom, EOT, or HT or SETC yes or no	A	B
Class 3 Licence with Lattice Boom, EOT, or HT or SETC yes or no	A	B
Class 4 Licence	A	B
Overhead Travelling Crane	A	
Tower Crane Operator	A	

Examination ☐

Certification ☐

EXAMINATION DATE CHOICE _____ **FIRST** _____ **SECOND**

SECTION 2: EDUCATIONAL AND PRACTICAL EXPERIENCE

Do you have any educational or practical experience that you would like to report? If so, please provide the following information:

☐ Yes, I have educational or practical experience:

- Please provide the name of the institution (200# _____).
- Please provide the name of the course or program.
- Please provide the start and completion dates (M./D./Y., or month, day, year) and the location (City, State, Country).

☐ No, I do not have educational or practical experience:

- Please provide the name of the institution (200# _____).
- Please provide the name of the course or program (M./D./Y., or month, day, year, and location).

Courses in general and technical education completed:

Please provide the name of the institution (M./D./Y., or month, day, year, and location).

Technical Training Institution	Course or Program Name	Start Date (Month/Day/Year)	Completion Date (Month/Day/Year)

Do you have any other educational or practical experience that you would like to report? If so, please provide the following information: (M./D./Y., or month, day, year, and location).

Practical experience for power engineers and operators:

Name of Company or Employer	Location	Duties Performed (Shift Engineer / Operator /)	Plant Kilowatt Rating	Plant Registration No.	From (MM/DD/YY)	To (MM/DD/YY)	Total Months	Print Name and Signature of chief Engineer / Operator Class & Index #
1.								
2.								
3.								
4.								
5.								
6.								

Do you have any other practical experience that you would like to report? If so, please provide the following information: (M./D./Y., or month, day, year, and location).

:

Practical experience for crane operators

Name of Company or Employer	Address	Lattice Boom	Crane Type (Class 1 / Class 2)	Crane Manufacturer (Grove, etc) and Tonnage Rating	From Month- Year	To Month- Year	Print Name and Signature of Crane Owner
1							
2							
3							
4							
5							
6							
7							

Breakdown of Practical Experience from above Table

Total hrs. of Operating Experience	Actual Seat Time (hrs)	Actual Rigging Time (hrs)	Pre-Lift Planning Time (hrs)	Assembling & Disassembling time (hrs)	Inspection & Maintenance Time (hrs)	Site Preparation Time (hrs)	Other Related Information	Print Name and Signature of Licensed Supervisor Class and Index #
1								
2								
3								
4								
5								
6								
7								

*As per Section 29(1) (d) of the Regulations, all practical experience must be verified by the Owner of the Crane in which you obtained your practical experience.

SECTION 3: APPLICATION FOR TRANSFER OF CERTIFICATION

Jurisdiction or Province of present registration	
Certificate(s) now held (Classification level)	
Certificate(s) Number (Enclose copy of certificate)	
Class of certification applied for;	

As per Section 67) of the Power Engineers Regulations and Section 33 of the Crane Operators Regulations;

1. Candidates must provide evidence of experience and qualifications that are sufficiently equivalent to the requirements for the certificate set out in the Act and Regulations.
2. Provide evidence as to their identity; and
3. Pay the fee as set out in Schedule 1.

As per Section 71 of the Power Engineers Regulations: a candidate from another jurisdiction who holds a valid inter - provincial certificate of qualification shall be issued an inter - provincial certificate of qualification under these regulations upon paying the fee set out in the fee regulations.

As per Section 47 of the Crane Operators Regulations: a candidate may be granted a CO licence and endorsement to an individual who applies under section 23.

SECTION 4, APPLICATION FOR CERTIFICATION UNDER MILITARY OR MARINE ENGINEERING

Are you applying for certification without examination	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you applying for an examination? (If requesting an examination please complete section 1)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Class of certificate for which you are applying		

DECLARATION: (Must be completed)

I, _____ Of _____

in the county of _____ the within named applicant, hereby declare that the several parts and particulars in my said application are and each of them is true and correct and that my signature on the said application is in my own handwriting.

*Note: As per the Technical Safety regulations: a fee of **\$36.53** per examination paper or **\$60.89** for an issuance of a license for Power Engineer or \$66.88 for Crane Operator must be submitted with this application. Cheque or money order must be made payable to the **"Minister of Finance."**

Applicant signature _____

Date: _____

FOR DEPARTMENTAL USE ONLY

Candidate approved for certification/examination	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Issue a certificate of qualification (class level)		
Signature of Chief Inspector		
Date :		