

Toll Free: 1-800-559-3473 Telephone: (902) 424-5721

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 Phone Number (Home)(Work)_	City/Town	T .	ension	Province Fax Number	Postal Code

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 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

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	A1	A2	A3	A4	B1	B2	B3	B4
Second Class Power Engineer	A1	A2	A3		B1	B2	B3	
Third Class Power Engineer	A1	A2			B1	B2		
Fourth Class Power Engineer	А				В			
Process Operator	А							
Second Class Refrigeration Plant Operator	А							

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

Examination Certification

EXAMINATION DATE CHOICE: FIRST_____

SECOND

SECTION 2: EDUCATIONAL AND PRACTICAL EXPERIENCE

You are an apprentice registered with the Labour and Advanced Education, Apprenticeship Training and Skill Development division.

Yes If you are an apprentice:

- Indicate apprentice registration number (200# found on apprentice photo identification card)
- Attach photocopy of apprentice photo identification card.
- Attach proof of successful completion of required apprenticeship courses or equivalent training (e.g., copy of the signed courses in apprentice logbook, transcript of marks, etc.)
- No If you are **not** an apprentice:
 - Indicate highest grade of the Nova Scotia high school or equivalent successfully completed _____
 - Attach proof of successfully completed grade level or equivalent training (e.g., copy of certificate, transcript of marks, etc.)

Courses in general and technical education completed:

Attach proof of successful completion of training (e.g., copy of certificate, transcript of marks, etc.)

Technical Training Institution	Course or Program Name	Start Date (MM/DD/YY)	Completion Date (MM/DD/YY)

As per Section 70 (2) of the Regulations, technical education may include relevant service and training in the Canadian Forces, trade school courses or correspondence courses as recognized by the Inspector – Examiner.

Practical experience for power engineers and operators:

Name of Company or Employer	Location	Duties Performed (Shift Engineer / Operator / Trainee)	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								

As per Section 34 to 39 of the Regulations

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 (MM/YY)	To (MM/YY)	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 the Fee regulations.

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	No
Are you applying for an examination? (If requesting an examination please complete section 1)	Yes	No
Class of certificate for which you are applying		

DECLARATION: (Must be comple	ted)
I,	of
own handwriting. *Note: As per the Technical Safety regula	the within named applicant, hereby declare that the several parts and and each of them is true and correct and that my signature on the said application is in my ations: a fee of \$38.65 per examination paper or \$128.80 for an issuance of a license for Power ast be submitted with this application. Cheque or money order must be made payable to the
Applicant signature:	

Date:

FOR DEPARTMI	ENTAL USE ONLY
Candidate approved for certification/examination	Yes No
Certificate of qualification issued (class level)	
Signature of Chief Inspector	
Date :	