



**Labour and Advanced Education
Technical Safety Division
PART 1**

**APPLICATION FOR
COMMUNICATIONS CABLING SPECIALIST
CERTIFICATE AND/OR EXAM**

Pursuant to the Electrical Code Regulations made under
Section 6 of the Electrical Installation and Inspection Act

IMPORTANT: READ BEFORE COMPLETING THIS FORM

1. This application consists of two parts, Part 1 and Part 2 and shall be completed by all applicants and mailed to the Department of Labour and Advanced Education.
 2. Print or type applications - applications not legible or incomplete applications shall be returned.
 3. If insufficient space is provided, please attach additional sheets and clearly indicate any such attachments.
 4. Refer to and read Appendix "A", which outlines several key points regarding this application and the issuance of the communications cabling specialist certificate. The applicant shall keep Appendix "A" for reference.
- "DO NOT MAIL APPENDIX 'A' IN"**

1. _____
 Name of Applicant (Surname) Given Name(s)

Mailing Address (Number and Street)

City/Town	Province	Postal Code
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Telephone _____

2. The following criteria is the minimum training and experience accepted to qualify for the Communications Cabling Specialist certificate and/or to write the exam.
(Check the appropriate box that applies)
- A. Certification as a NS construction electrician with proof of communications installation training course plus one year's minimum total experience in communications cabling installations. **These applicants are not required to write the exam.** (The total application fee is \$ 33.15 - no tax applied for this fee)
- B. Certification as an industrial electrician with additional communications theory training plus two years' total minimum experience in communications cabling installations.
- C. Certification as an electrical engineering technologist or technician with additional communications theory training plus two years' total minimum experience in communications cabling installations.

4. Work History

List all employers for which you have obtained the necessary training to meet the criteria previously described. Begin with your most recent to five years ago.

A. Name and address of most recent employer.

Supervisor's Name _____

Telephone _____

Nature of Work _____

Dates: From: _____ To: _____

Percentage of Time Installing Communication Cables _____

B. Name and address of previous employer.

Supervisor's Name _____

Telephone _____

Nature of Work _____

Dates: From: _____ To: _____

Percentage of Time Installing Communication Cables _____

C. Name and address of previous employer.

Supervisor's Name _____

Telephone _____

Nature of Work _____

Dates: From: _____ To: _____

Percentage of Time Installing Communication Cables _____

5. Provide the name, address, phone number and other information as indicated below of one person who can testify to the level of experience, qualifications and training you have listed (i.e. employer, clients, co-worker, association or union representative)

Name _____
 Mailing Address _____
 Home Phone _____ Business Phone _____
 Fax _____ Certificate No. _____
 (If applicable)
 Title _____ Occupation _____

6. I have read the Electrical Code Regulations and Appendix 'A' and agree to the specified terms and conditions and hereby declare the statements made in this application are to the best of my knowledge true and complete.

Signature of Applicant **Date**

NOTE: *Effective May 1, 2018, the 2018 CEC will be adopted and come into effect and all installations will be required to comply with the requirements of the new code.*

7. **FEES** -Refer to Section 2 for clarification of taxes being applied

Total application fee for those applying under Section 2A of the application = **\$33.15**
 (For construction electricians only)

Total application and examination fee for those applying under Section 2B to F of the application = **\$181.33**
 (Those who must write the exam)

NOTE: All cheques or money orders shall be made payable to the **Minister of Finance**. Payment must accompany all completed application forms.

8. **Return all completed applications (Part 1 & 2) to:** (Keep the Appendix)

Labour and Advanced Education
 Technical Safety
 PO Box 697
 Halifax, NS B3J 2T8

OFFICE USE ONLY	
Reviewed By _____	Date _____
Approved By _____	Date _____
Fees Paid Yes <input type="checkbox"/> No <input type="checkbox"/>	
Certificate # _____	Receipt # _____

Labour and Advanced Education
TECHNICAL SAFETY
PART 2
APPLICATION
FOR
COMMUNICATIONS CABLING SPECIALIST
CERTIFICATE AND/OR EXAM
Pursuant to the Electrical Code Regulations made under
Section 6 of the Electrical Installation and Inspection Act

IMPORTANT: READ BEFORE COMPLETING THIS FORM

1. Section 1 below shall be fully completed by all applicants. Those who must write the exam shall complete Section 2 using the exam schedule to indicate the location. An incomplete form will be rejected and returned.
2. Complete this part and mail Parts 1 & 2 to the Department of Labour and Advanced Education.

SECTION 1

Name of Applicant (Surname)

Given Name(s)

Mailing Address (Number and Street)

City/Town

Province

Postal Code

Home Phone

Business Phone

***NOTE:** Effective May 1, 2018, the 2018 CEC will be adopted and come into effect and all installations will be required to comply with the requirements of the new code.*

SECTION 2

From the application schedule attached, indicate requested location and date of examination.

Exam Location

Exam Date

Signature of Applicant

Date

NOTE: If you must write the exam, your total fee is **\$181.33** (Refer to Part 1-section 7-FEES)

OFFICE USE ONLY

- This Applicant is approved to be issued a Communications Cabling Specialist Certificate “without examination”.
- This applicant is approved “only” to write the examination

Approved by _____

Date _____