



Labour, Skills and Immigration

Technical Safety Division

If you require assistance, please call  
(902) 424-5400 or  
Tolle fee NS only (800) 956-2687  
www.novascotia.ca

## APPLICATION FOR AMUSEMENTS MECHANIC CERTIFICATE COMPETENCY

### SECTION 1:

(Please Complete in detail)

FullName: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
                                     No Street Name City/Town Province Postal Code

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Extension \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Id: \_\_\_\_\_

Are you currently registered with Technical Safety? (circle)    No    Yes    (NSID # \_\_\_\_\_ )

### SECTION 2: MECHANIC'S CLASSIFICATION

| CERTIFICATION LEVEL                      | Examination | Certificate |
|--|-------------|-------------|
| Amusements Device Mechanic               |             |             |
| Restricted - Inflatables Device Mechanic |             |             |

### SECTION 3: EDUCATIONAL TRAINING PROGRAM

- Attach proof of successfully completed grade level or equivalent training (e.g., copy of certificate, transcript of marks, training certificates etc.)

| TECHNICAL TRAINING INSTITUTION | COURSE OR PROGRAM NAME | START DATE (MM / DD / YY) | COMPLETION DATE (MM / DD / YY) |
|--------------------------------|------------------------|---------------------------|--------------------------------|
|                                |                        |                           |                                |
|                                |                        |                           |                                |
|                                |                        |                           |                                |



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**SECTION 4: PRACTICAL EXPERIENCE** (Not applicable to restricted – inflatable devise mechanic)

| NAME OF COMPANY OR EMPLOYER | LOCATION | POSITION HELD | FROM (MM/DD/YY) | TO (MM/DD/YY) | TOTAL MONTHS |
|-----------------------------|----------|---------------|-----------------|---------------|--------------|
| 1                           |          |               |                 |               |              |
| 2                           |          |               |                 |               |              |
| 3                           |          |               |                 |               |              |
| 4                           |          |               |                 |               |              |
| 5                           |          |               |                 |               |              |

**4. A Breakdown of practical experience from above table:**

| TOTAL HRS. OF OPERATING EXPERIENCE | CONSTRUCTION TIME (HRS) | MAINTENANCE TIME (HRS) | SERVICE TIME (HRS) | INSPECTION TIME (HRS) | PRINT NAME AND SIGNATURE OF LICENSED SUPERVISOR CLASS |
|------------------------------------|-------------------------|------------------------|--------------------|-----------------------|---|
| 1                                  |                         |                        |                    |                       |   |
| 2                                  |                         |                        |                    |                       |   |
| 3                                  |                         |                        |                    |                       |   |
| 4                                  |                         |                        |                    |                       |   |
| 5                                  |                         |                        |                    |                       |   |
| 6                                  |                         |                        |                    |                       |   |
| 7                                  |                         |                        |                    |                       |   |



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**SECTION 5: 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                  |  |

**SECTION 6: DECLARATION (Must be completed by all applicants)**

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.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR DEPARTMENTAL USE ONLY**

|  |     |    |
|--|-----|----|
| Candidate approved for certification / examination | Yes | No |
| Certificate of competency issued (class level)     |     |    |
| Signature of Chief Inspector                       |     |    |
| Date :   |     |    |