



Please refer to our website (www.safetyauthority.ca) or contact a BCSA Regional office nearest you:

Coquitlam	604-927-2041	Fax 604-927-2047	Kamloops	250-314-6000	Fax 250-377-4406
Kelowna	250-861-7313	Fax 250-861-7349	Langley	604-539-3573	Fax 604-539-3570
Nanaimo	250-716-5200	Fax 250-716-5212	Prince George	250-614-9972	Fax 250-614-9949
Victoria	250-952-4444	Fax 250-952-4458			

New Westminster 505 Sixth Street, Suite 200, New Westminster, BC V3L 0E1 **Toll free 1-866-566-7233** Fax 1-888-660-3508

CLASS MR ELEVATING DEVICES MECHANIC APPLICATION FOR CERTIFICATION: GRANTED PATH

Note: The information on this form is collected to administer the provisions of the BC *Safety Standards Act* and section 26 of the *Freedom of Information and Protection of Privacy Act*. If you have questions about the collection, use or disclosure of this information, contact the Records, Information and Privacy Analyst for the BC Safety Authority at 1-866-566-7233.

Part 1: Application Package Instructions

Please review the contents of this package before completing it.

This package contains all of the information and forms you need to apply for a Certificate of Qualification for the trade of **Elevating Devices Mechanic Class MR**. The purpose of this package is to assist you in collecting the information we need to complete the assessment of your application. The BC Safety Authority will assess your work experience and determine if you qualify for this certification path based on the information you provide.

The BC Safety Authority will process your assessment and will notify you in writing of the results of your assessment. Applications will be returned if information is missing. We cannot process incomplete applications.

Sections:

- Part 2: Applicant Information* (page 2 of this package). To be completed by the applicant.
- Part 3: Applicant History* (page 3 of this package). To be completed and signed by the applicant.
- Part 4: Employer Declaration* (page 4 and 5 of this package). To be completed and signed by any **current or previous employers** where you have acquired work experience you want assessed as part of your application (page 4 section B). The Employee's Representative may also complete and sign the *Employer Declaration* form in situations where employer records are incomplete or unavailable.
- Part 5: Document Checklist* (page 6 of this package). To be completed by the applicant.
- Part 6: Application and Examination Policies* (page 7 of this package). To be kept by the applicant for future reference.

All documents must be submitted in English. Translations of documents in languages other than English must be done by a certified translator.

- You are responsible for the cost of translation services.
- For a list of certified translators, contact the Society of Translators and Interpreters of British Columbia, or visit their website at <http://www.stibc.org/directory.php>.

NOTE: For your own records, you may want to keep a copy of this submission package.



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Part 2: Applicant Information

A. Applicant Information

Last Name: Legal Name		Given Name:		Middle Initial:	Date of Birth: MM / DD / YYYY
Civic Address:	Suite No:	Street No:	Street Name:	City:	Postal Code:
Mailing Address: (If different from above)	Suite No:	Street No:	Street Name:	City:	Postal Code:
Trade Ticket: <input type="checkbox"/> Millwright <input type="checkbox"/> Other: _____ <input type="checkbox"/> Electrician			Trade Ticket No:		
Primary Phone:		Mobile Phone:		Email:	
Contact Preference: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Other: _____					

B. Exam Details

Once this application is approved, you will be notified to schedule your certifying exam. Exam sittings may be scheduled as of **January 1, 2014** at any of the following BC Safety Authority office locations: Kamloops, Kelowna, Langley, Nanaimo, New Westminster, Prince George, and Victoria.

C. Training Details

Program	Training Provider	Course Start Date (MM/DD/YYYY)	Course Completion Date (MM/DD/YYYY)
<input type="checkbox"/> Elevating-specific 40-hour Course			

D. Payment Details

- Please ensure the correct payment amount is made with this application. **Make sure you include the correct GST amount in addition to the fee listed on the fee schedule.** Fees can be found at www.safetyauthority.ca.
- BC Safety Authority accepts applications as of **January 1, 2014**.
- If you are making a payment via Visa or MasterCard, BC Safety Authority staff will contact you for payment. Do not write down your Visa or MasterCard number on this application.
- If you are making a payment via debit or cash, you must submit your application in person at one of our offices.
- If you are making a payment via cheque, make the cheque payable to BC Safety Authority. Make sure your cheque is submitted with this application.
- Please indicate your payment method.
 Visa MasterCard Debit Cash Cheque

Office Use Only - Payment

Payment Date: MM / DD / YYYY	Processed by:		Document or File No:
Payment Method: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Debit <input type="checkbox"/> Cash <input type="checkbox"/> Cheque No: _____	Fee: \$	87391 2802 RT GST: \$	Payment Method: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Debit <input type="checkbox"/> Cash <input type="checkbox"/> Cheque No: _____



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Part 3: Applicant History

A. Applicant Information

Legal Last Name:	Legal First Name:	Legal Middle Initial:
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To qualify for a Certificate of Qualification for the trade of **Elevating Devices Mechanic Class MR**, you must provide proof of having worked a minimum of 24 hours performing the tasks listed on the *Employer Declaration* (page 4 and 5 of this package).

B. Employment Summary Information

Name of Organization / Employer(s) *	Dates of Employment	Total # of Hours of Experience
	From: _____ To: _____ (MM/DD/YYYY)	
	From: _____ To: _____ (MM/DD/YYYY)	
	From: _____ To: _____ (MM/DD/YYYY)	
	From: _____ To: _____ (MM/DD/YYYY)	
	From: _____ To: _____ (MM/DD/YYYY)	
	From: _____ To: _____ (MM/DD/YYYY)	
	From: _____ To: _____ (MM/DD/YYYY)	
	From: _____ To: _____ (MM/DD/YYYY)	
	From: _____ To: _____ (MM/DD/YYYY)	
	From: _____ To: _____ (MM/DD/YYYY)	
	From: _____ To: _____ (MM/DD/YYYY)	
	From: _____ To: _____ (MM/DD/YYYY)	
	From: _____ To: _____ (MM/DD/YYYY)	

* **Note:** An *Employer Declaration* form (page 4 and 5 of this package) must be completed by each of the employers listed above. See *Employer Declaration* "Instructions to Employers" for additional information.

C. Signature

Applicant Name (please print):	Applicant Signature:	Date (MM/DD/YYYY):
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Part 4: Employer Declaration

Instructions to Employers

Each employer listed on the *Applicant History* form (page 3 of this package) must complete an *Employer Declaration* form. Please make additional copies as required.

The information that you provide will be used to assess and to validate the applicant's work experience in the trade of **Elevating Devices Mechanic Class MR**. Assessment applications will be returned if information is missing. We cannot process incomplete applications.

A. Applicant Name

Legal Last Name:	Legal First Name:	Legal Middle Initial:
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B. Employer Information

Name of Organization / Employer / Business:		Contact Name:	Contact's Position / Title:
Suite Number:	Street Number and Name:		
City:		Province:	Postal Code:
Phone Number:	Fax Number:	Email Address:	

C. Employment Information

Dates of Employment (MM/DD/YYYY)		Total Number of Hours of Experience
From:	To:	

D. Declaration Response

By checking the box, indicate whether the applicant has performed the following, during the applicant's period of employment with the organization indicated in section C above. If any box is not checked, the BC Safety Authority will assume that the applicant has not performed that specific task.	
Worksite Safety	
Completed 40 hours of training (includes worksite safety and elevating specific tasks)	<input type="checkbox"/>
Demonstrates safety on worksite through compliance, safe work practices, and safe use of tools and equipment	<input type="checkbox"/>
Elevating Devices Tasks	
Routine inspection of all hoistway, pit and machine room equipment including operation of all limit switches and terminal limit switches	<input type="checkbox"/>
Periodic cleaning of hoistway, car top and pit, including all door equipment	<input type="checkbox"/>
Lubrication of slippers, door and gate components, and all non-sealed bearings	<input type="checkbox"/>
All troubleshooting, with restricted and well defined use of jumpers as per policy	<input type="checkbox"/>
Checking for proper grounding of all safety circuits	<input type="checkbox"/>
Adjusting door and gate mechanisms	<input type="checkbox"/>
Repairing/replacing bumper rails and other in cab items including walls, floors, ceilings; an in car cab submission form must be submitted for the alteration	<input type="checkbox"/>
Performing necessary emergency procedures to release people trapped in the elevator	<input type="checkbox"/>
Replacement of identical or equivalent items	<input type="checkbox"/>



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Checking or replacing gear case oil	<input type="checkbox"/>
Lubricating all bearings and hosting cables	<input type="checkbox"/>
Checking and replacing V belts or couplings on hydraulic pump drive	<input type="checkbox"/>
Checking or replacing hydraulic oil	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>

Certification:

I certify that the information I (as employer) have provided is accurate.

Employer Name (please print):	Employer Signature:	Date (MM/DD/YYYY):
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Part 5: Document Checklist

To avoid delays in processing, please use the following checklist to ensure that the required documentation is attached to your application and all forms are complete. **We cannot process incomplete applications.**

All applicable boxes must be checked off:

<input type="checkbox"/>	The application, including letters and certificates, must be originals or <i>certified true copies</i> of originals, in the English language.
<input type="checkbox"/>	Any translations have been performed by certified translators.
<input type="checkbox"/>	The applicant has completed in full the <i>Applicant Information</i> form (page 2 of this package).
<input type="checkbox"/>	The applicant has completed in full and signed the <i>Applicant History</i> form (page 3 of this package). The applicant has provided any of the following as verifiable evidence of employment: <ul style="list-style-type: none"> <input type="checkbox"/> Copies of paystubs <input type="checkbox"/> Copies of pension statements <input type="checkbox"/> Copies of government-issued documents
<input type="checkbox"/>	Each employer has completed in full and signed the <i>Employer Declaration</i> form (page 4 and 5 of this package). <ul style="list-style-type: none"> <input type="checkbox"/> Scope of work and endorsements
<input type="checkbox"/>	The information on the <i>Employer Declaration</i> form matches the information declared on the <i>Applicant History</i> form.

Office Use Only – Application Review

Date Screened: MM / DD / YYYY	Missing Information:	Results: Hands-on work experience: Required: 24 hours Reported: Scope: Required: <ul style="list-style-type: none"> • At least one of the Elevating Devices Tasks for any listed Elevating Device Reported:
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Part 6: Application and Examination Policies

- Your application may be subject to audit. Please ensure that you have all documentation associated with your application.
- Ensure that you have reviewed and understand the following policies and information before submitting your application.
- **You may keep this page for future reference.**

Policies

1. Incomplete application(s) will be returned to the applicant.
2. The BC Safety Authority will not be able to accommodate clients wishing to reschedule exams within 3 days of the scheduled exam date.
3. Re-schedule requests will be charged a re-scheduling fee (plus tax).
4. Clients who do not show up for an exam sitting will be recorded as a “no show.” Subsequent requests will be charged the exam fee plus the re-scheduling fee (plus tax).
5. Rescheduled exams must be written within 60 days following the original scheduled exam date. Clients unable to write within this time will have to re-apply.
6. An examinee who arrives late will be penalized for the amount of time they are late.
7. An examinee not scheduled and approved to write on a particular exam day will not be allowed to write.
8. If an examination candidate fails to pass an examination on their first attempt, the candidate may not take the examination again until 30 days after the previous examination.
9. If an examination candidate fails to pass on their second or third attempt, a Provincial Safety Manager may stipulate terms or conditions in respect to the length of time that must elapse before the candidate may take the exam again. The Provincial Safety Manager may suggest an upgrade course to be successfully completed.
10. When an exam is rebooked, the fee for a rewrite is determined by the latest fee schedule.
11. Examinations will start and end on time.
12. Candidates must provide a government-issued picture ID or equivalent to the invigilator prior to writing the examination.
13. No cellular phones, blackberry(s), camera or any other type of communication devices are permitted in examination room or to be used during the examination period.
14. The only material allowed in the exam room is appropriate Code Books and reference material as specified in the syllabus, non-programmable calculators, non-technical and/or language dictionaries, highlighters, pens, pencils, erasers and rulers.
15. No notes should be made on reference material or pages removed from reference material provided. The questions are not to be recorded and taken out of the examination room.
16. Examinees are not permitted to leave the examination room, once the examination has started, without permission from the invigilator. The examinee should make every effort to remain in the examination room during the examination period. Under no circumstances will more than one examinee be permitted to leave the examination room.
17. All questions are to be directed to the invigilator. The invigilator will only answer questions on an administrative level. All other questions are to be recorded on the Exam Evaluation Form that is provided in the exam package.
18. There is no communication between the examinees, at any time, during the examination.
19. Completed examinations and all papers provided must be returned to the invigilator at the end of the examination.

Examination information and fees can be found on the BC Safety Authority website at www.safetyauthority.ca.