

## ELEVATING DEVICES MECHANIC CERTIFICATION PROGRAM APPLICATION FOR MECHANIC IN TRAINING: CLASS A

**Payment Card Industry Data Security Standards prevent the use of credit card information sent through email or fax. A Client Service Representative will contact you within three business days to complete any payment process required.**

**Note:** The information on this form is collected to administer the provisions of the 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 & Privacy Analyst at 1-866-566-7233.

### 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:
Primary Phone:		Mobile Phone:		Email:	
Contact Preference: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Other: _____					

### B. Mechanic in Training Information *(You have one year from date of application to enroll in an approved educational path)*

Name of Employer (Licenced ED Contractor):		<input type="checkbox"/> Attended and completed 24 hrs of safety education (Attach documentation of completion of approved course)
Contractor Licence Number:		
Employer Phone Number:		
<input type="checkbox"/> Electrical / Millwright <input type="checkbox"/> CET Candidate Program <input type="checkbox"/> Canadian Elevator Industry Education Program (CEIEP) <input type="checkbox"/> Other (Please Describe): _____		Name of Institution: _____  Enrollment Date: MM / DD / YYYY
<b>Certification:</b>		
I certify that the information I (applicant) have provided is accurate.		
<input type="checkbox"/> Checking this box and submitting this form to Technical Safety BC <b>via email</b> constitutes your authorization. This has the same effect as submitting a handwritten signature.		
Applicant Name (please print):		Applicant Signature:
		Date: MM / DD / YYYY

### D. Office Use Only – Application Review

Date Screened:  MM / DD / YYYY	Missing Information:	Results:
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For more information on the Elevator Mechanic Certification Program and the Mechanic In Training requirements visit the Technical Safety BC website  
<http://www.technicalsaftybc.ca/licences-certificates/exams-certificates/elevating/mechanic-training>

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