

## CLASS A ELEVATING DEVICES MECHANIC APPLICATION FOR CERTIFICATION: GRANTED/CERTIFIED DIFFERENT JURISDICTION PATH

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 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 Technical Safety BC 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 A**. The purpose of this package is to assist you in collecting the information we need to complete the assessment of your application. Technical Safety BC will assess your work experience and determine if you qualify for this certification path based on the information you provide.

Technical Safety BC 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:* *Supplemental Training Checklist* (page 6 of this package). To be completed by the applicant.
- Part 7:* *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.**

## Part 2: Applicant Information

### A. Applicant Information

Last Name: <i>Legal Name</i>		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. Exam Details

Once this application is approved, you will be notified to schedule your certifying exam. Exam sittings may be scheduled at any of the following Technical Safety BC office locations: Kamloops, Kelowna, Langley, Nanaimo, Vancouver, Prince George, and Victoria.

### C. Certificate Details

Issuing Province	Issue Date (MM/DD/YYYY)	Expiry Date (MM/DD/YYYY)	Certificate Number	Scope of Work Listed on Certificate

### D. Payment Details

1. Fees can be found at [technicalsaftybc.ca](http://technicalsaftybc.ca).
2. Technical Safety BC staff will contact you for payment. Do not write down your Visa or MasterCard number on this application.
3. If you are making a payment via debit, you must submit your application in person at one of our offices.

### 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 A**, you must provide proof of having worked a minimum of 8,000 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)	

\* **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

<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):

## 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 A**. 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. Passport Holder Declaration** *(to be completed by the passport holder)*

Declaration Response

**Class A Workplace Achievement Criteria**

Check all Competencies that have been signed in your passport by a Certified Mechanic. Fill in the Certification Number of the signing mechanic and date the mechanic signed for each competency starting on page 36 of your passport. Note some competencies require multiple sign-offs, and may include additional types, indicate the type signed off on where required.

	Competency	General area of competency	Signing mechanic Certificate Number	Date signed mm/dd/yy
<input type="checkbox"/>	B6(1)	Use rigging and hoisting equipment.		
<input type="checkbox"/>	B6(2)	Use rigging and hoisting equipment.		
<input type="checkbox"/>	B6(3)	Use rigging and hoisting equipment.		
<input type="checkbox"/>	B7	Use electrical test equipment		
<input type="checkbox"/>	B8	Use false cars		
<input type="checkbox"/>	C8	Apply troubleshooting techniques		
<input type="checkbox"/>	D1	Layout Hoistways		
<input type="checkbox"/>	D2	Install guide rails, guide supports, and fasteners		
<input type="checkbox"/>	D3	Install car frame and counterweight assemblies		
<input type="checkbox"/>	D4	Install door frames, hoist way doors, and lock assemblies		
<input type="checkbox"/>	D5	Install wiring raceway, fixtures and wiring		
<input type="checkbox"/>	D6	Install car enclosure assemblies		
<input type="checkbox"/>	D7	Adjust and commission elevating devices		
<input type="checkbox"/>	D9	Install bi-parting freight door systems		
<input type="checkbox"/>	D10	Install seismic systems		
<input type="checkbox"/>	E2	Install pit structures		
<input type="checkbox"/>	E3	Install machine room/space equipment		
<input type="checkbox"/>	E4(1)	Install suspension systems		
<input type="checkbox"/>	E4(2)	Install suspension systems		
<input type="checkbox"/>	E4(3)	Install suspension systems		
<input type="checkbox"/>	F2	Install pit structures, jack and suspension systems		
<input type="checkbox"/>	F3	Install machine room equipment		
<input type="checkbox"/>	F4	Install hydraulic piping system		
<input type="checkbox"/>	G5(1)	Install electric systems		
<input type="checkbox"/>	G5(2)	Install electric systems		
<input type="checkbox"/>	G5(3)	Install electric systems		
<input type="checkbox"/>	G6	Maintain electrical and electronic systems (level 2)		
<input type="checkbox"/>	G7	Troubleshoot electrical and electronic systems (level 2)		

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<input type="checkbox"/>	G8	Adjust door operators		
<input type="checkbox"/>	H2	Install and align truss assemblies		
<input type="checkbox"/>	H3	Install balustrades and decking		
<input type="checkbox"/>	H4	Adjust and commission escalators and moving walks		
<input type="checkbox"/>	H5	Maintain escalators and moving walks		
<input type="checkbox"/>	H6	Repair escalators and moving walks		
<input type="checkbox"/>	J2(1)	Apply requirements for mandatory maintenance		
<input type="checkbox"/>	J2(2)	Apply requirements for mandatory maintenance		
<input type="checkbox"/>	J3	Evacuate trapped passengers		
<input type="checkbox"/>	J4	Maintain hoist ways		
<input type="checkbox"/>	J5	Maintain machine rooms or control spaces		
<input type="checkbox"/>	J6	Maintain car enclosures		
<input type="checkbox"/>	J7	Maintain elevating device cab, carriages, and platforms		
<input type="checkbox"/>	K1(1)type 1	Re-rope elevators Type/ratio;		
<input type="checkbox"/>	K1(2)type 1	Re-rope elevators Type/ratio;		
<input type="checkbox"/>	K1(3)type 1	Re-rope elevators Type/ratio;		
<input type="checkbox"/>	K1(1)type 2	Re-rope elevators Type/ratio;		
<input type="checkbox"/>	K1(2)type 2	Re-rope elevators Type/ratio;		
<input type="checkbox"/>	K1(3)type 2	Re-rope elevators Type/ratio;		
<input type="checkbox"/>	K2(1)type 1	Service braking systems Type;		
<input type="checkbox"/>	K2(2)type 1	Service braking systems Type;		
<input type="checkbox"/>	K2(3)type 1	Service braking systems Type;		
<input type="checkbox"/>	K2(1)type 2	Service braking systems Type;		
<input type="checkbox"/>	K2(2)type 2	Service braking systems Type;		
<input type="checkbox"/>	K2(3)type 2	Service braking systems Type;		
<input type="checkbox"/>	K3	Repair machines, motors, or generators		
<input type="checkbox"/>	K4	Repair hydraulic systems		
<input type="checkbox"/>	K5	Repair door systems		
<input type="checkbox"/>	K7	repair elevating systems for handicap lifts		
<input type="checkbox"/>	L1	Upgrade door systems		
<input type="checkbox"/>	L2	Replace machines		
<input type="checkbox"/>	L3(1)	Upgrade controllers and drives		
<input type="checkbox"/>	L3(2)	Upgrade controllers and drives		
<input type="checkbox"/>	L3(3)	Upgrade controllers and drives		

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<input type="checkbox"/>	<b>L4(1)</b>	Replace governors and safeties		
<input type="checkbox"/>	<b>L4(2)</b>	Replace governors and safeties		
<input type="checkbox"/>	<b>L4(3)</b>	Replace governors and safeties		
<input type="checkbox"/>	<b>L5</b>	Perform seismic upgrading		
<input type="checkbox"/>	<b>L6</b>	Upgrade car enclosures		
<input type="checkbox"/>	<b>L7</b>	Upgrade fixtures		
<input type="checkbox"/>	<b>L8(1)</b>	Replace jacks		
<input type="checkbox"/>	<b>L8(2)</b>	Replace jacks		
<input type="checkbox"/>	<b>L8(3)</b>	Replace jacks		
<input type="checkbox"/>	<b>L9</b>	Upgrade hydraulic systems		
<input type="checkbox"/>	<b>L10</b>	Install emergency braking systems		
<input type="checkbox"/>	<b>M2</b>	Install rail systems		
<input type="checkbox"/>	<b>M3</b>	Install carriage and seat or platform		
<input type="checkbox"/>	<b>M4</b>	Adjust and commission incline lifts		

**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 either of the following as verifiable evidence of employment: <ul style="list-style-type: none"> <li><input type="checkbox"/> Copies of paystubs</li> <li><input type="checkbox"/> Copies of pension statements</li> <li><input type="checkbox"/> Copies of government issued documents</li> <li><input type="checkbox"/> Original skills passport issued by a different Canadian jurisdiction</li> </ul>
<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"> <li><input type="checkbox"/> Scope of work and endorsements</li> </ul>
<input type="checkbox"/>	The information on the <i>Employer Declaration</i> form matches the information declared on the <i>Applicant History</i> form.

### Part 6: Supplemental Training Checklist

Proof of attendance to and course completion:

<input type="checkbox"/>	Safety Standards Act; BC Elevating Devices Safety Regulation; Safety Standards General Regulation (4 hours).
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### Part 7: 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. Technical Safety BC 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 Technical Safety BC website at [www.technicalsaftybc.ca](http://www.technicalsaftybc.ca).