



## APPLICATION FOR EXAMINATION/CERTIFICATION

Pursuant to the *Boilers and Pressure Vessels Act*

FOR EXAMINATION     
  FOR CERTIFICATION     
  RENEWAL

### PERSONAL IDENTIFICATION

NAME Surname Given Name(s)	DATE OF BIRTH
ADDRESS (Mailing)	PHONE
Postal Code	BUSINESS PHONE
EDUCATION	
CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 13 OTHER _____	
IN WHAT PROVINCE OR TERRITORY DID YOU LAST ATTEND SCHOOL?	

### EXPERIENCE (MOST RECENT EMPLOYER FIRST)

EMPLOYER	ADDRESS/LOCATION	PLANT RATING	POSITION HELD ~	Start Date	Finish Date
		kw		D/M/Y	D/M/Y
		kw			
		kw			

### QUALIFICATIONS

INCLUDE CERTIFICATES OF QUALIFICATION NOW HELD AS WELL AS ANY CORRESPONDENCE OR OTHER COURSES TAKEN (Specify certificate NAME, NUMBER, PLACE OBTAINED & EXPIRY DATE).

I, \_\_\_\_\_ HEREBY APPLY FOR:  
 RENEWAL NWT FILE NUMBER \_\_\_\_\_  
 EXAMINATION AT CLASS LEVEL \_\_\_\_\_  
 CERTIFICATION AS A  
DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
D/M/Y

**(COMPLETE 'A' OR 'B' BELOW IF APPLYING FOR EXAMINATION OR CERTIFICATION)**

**A. TO BE COMPLETED AND SIGNED BY EMPLOYER OR OTHER RELIABLE PERSON**  
I, \_\_\_\_\_ of \_\_\_\_\_ do solemnly declare that I have known the above named candidate for a period of \_\_\_\_\_ months and that he has, to my personal knowledge, been engaged for \_\_\_\_\_ months prior to the date of application as a stationary engineer as listed on the front of this application. During that time he has proven himself to be a person thoroughly qualified to operate a steam boiler and by his good conduct and sobriety is in my opinion entitled to attempt examination for certification as an engineer.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
D/M/Y

**B. STATUTORY DECLARATION -- TO BE SIGNED BY CANDIDATE**  
I, \_\_\_\_\_ of \_\_\_\_\_ do solemnly declare that I have been operating as a stationary engineer or trainee as stated on the front of this application and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath by virtue of the Canada Evidence Act.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DECLARED BEFORE ME  
AT \_\_\_\_\_  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_  
\_\_\_\_\_ 20 \_\_\_\_\_  
\_\_\_\_\_  
A COMMISSIONER OR JUSTICE OF THE PEACE  
OR NOTARY PUBLIC  
MY COMMISSION  
EXPIRES \_\_\_\_\_

**COMPLETE AND FORWARD TO:**  
ELECTRICAL/MECHANICAL SAFETY  
INFRASTRUCTURE  
GOVERNMENT OF THE N.W.T.  
BOX 1320  
YELLOWKNIFE, N.W.T.  
X1A 2L9  
(867) 767-9043

<p><b>DEPARTMENTAL USE ONLY</b>  APPLICATION IS <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED</p>
<p>REMARKS _____  _____  _____  _____</p>
<p>_____  CHIEF INSPECTOR</p>