APPLICATION FOR POWER ENGINEER’S EXAMINATION
[Please refer to the NOTE portion on the reverse side when completing the application]

SECTION A
(To Be Completed By Applicant) (Your File No. and S.I.N. Must Be Provided To Process Your Application)

FILE NO. __________________________ S.I.N. __________________________

Name: ____________________________________________ ____________________________

Surname First Initial

Address: ____________________________________________ ____________________________
P.O. Box/Street City Province Postal Code

Date of Birth: __________/________/________ Telephone No. __________________________

Technical Courses (See Note 4) Start Date: __________ Completion Date: __________

Correspondence Course: Yes ☐ No ☐ Level ______ Start Date __________ No. of Lectures __________

Certificate Yes ☐ No ☐

School / College administering course: ______________________ P/E Certificate now held ______________________

Have you previously been approved to write an exam within the class for which you are presently applying? Yes ☐ No ☐

List the papers you have successfully completed within the class you are presently applying for. If you are applying to write the last paper in this class, SECTION C MUST be completed. Part A, paper 1 ☐ paper 2 ☐ paper 3 ☐ paper 4 ☐

Part B, paper 1 ☐ paper 2 ☐ paper 3 ☐ paper 4 ☐

Indicate preferred location to write exam: St. John’s ☐ Grand Falls ☐ Clarenville ☐

Corner Brook ☐ Happy Valley ☐ Labrador City ☐

Signature of Applicant __________________________ Date __________/________/________

Day Month Year

IMPORTANT

• A picture ID must be presented at the time of writing.

• This application must be received by the Industrial Training Section 30 days prior to scheduled writing.

Section B (over)
Important: DO NOT MARK SHADED AREAS.

SECTION B

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<th>LEVEL</th>
<th>EXAMINATION</th>
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SECTION C (To Be Completed By Chief Engineer)

Reference covering experience of Applicant as a Power Engineer

Name of Facility __________________________________ Facility Location ________________________________________

Type of Facility (ex. Heating Plant, Power Plant, etc. (see Note 6) ____________________________ Kilowatt Rating: __________

Registration No. ______________________________ Number of hours operating this facility :

From (dd/mmm/yy) ______________ To (dd/mmm/yy) ______________________

Position held in Facility: Chief Engineer: __________________________

(No. of hours) Shift Engineer ______________________________________

(No. of hours) Assistant Shift Engineer: ___________________________

(No. of hours)

Date:  /      /  Name of Chief Engineer and Class (Please Print)
        Day  Month  Year

Contact Info – Chief Engineer

Email __________________________________________

Phone (work) __________________________ (cell) __________________________

NOTE:

1. Separate submission is required to cover operating experience from each facility.

2. Should any candidate be permitted to undertake any Examination on the statement of experience as shown on this form, and it should be subsequently proven that such statement was false, any Certificate granted as a result of such examination would be subject to cancellation.

3. Any experience gained on the Design, Construction, Installation, Repair or Maintenance of equipment to which the Act applies.

4. Proof of competition or registration in a technical course as specified in the General Conditions governing Power Engineering examinations must accompany this application unless this has been previously submitted.

5. Where a Chief Engineer applies for an examination, the plant owner shall sign the application.

6. If you are working in a combined plant, list the total kilowatt rating of the boilers.