

I. Personal Information			(PLEASE PRINT)
FIRST NAME	MIDDLE INITIAL	LAST NAME	
ADDRESS		CITY/TOWN	
PROVINCE, POSTAL CODE	HOME PHONE	CELL PHONE	
E-MAIL ADDRESS			
II. Certificate Information			
1. WHAT POWER ENGINEERING LEVEL ARE YOU APPLYING TO CHALLENGE?			
1 ST CLASS	2 ND CLASS	3 RD CLASS	4 TH CLASS 5 TH CLASS
2. WHAT IS YOUR COUNTRY OF ORIGIN?			
3. DOES YOUR COUNTRY OF ORIGIN HAVE A POWER ENGINEERING CLASSIFICATION SYSTEM? YES NO			
4. IF YES, DO YOU HAVE A LICENSE/CERTIFICATE FROM YOUR COUNTRY OF ORIGIN? YES NO If your answer to question # 4 is yes, please continue answering questions # 5 and # 6. If no, please proceed to section III.			
5. WHAT IS YOUR CLASSIFICATION LEVEL IN YOUR COUNTRY OF ORIGIN? Attach a copy of the license/certificate with this application.			
6. WHAT IS THE NAME OF THE ISSUING ORGANIZATION AND THEIR CONTACT INFORMATION?			
III. Employment History			
List all employer(s) that you worked with starting with the most recent to gain Power Engineering related work experience and attach reference letter(s) for each employer indicating your position, plant details, duties and responsibilities.			
NAME OF EMPLOYER			
ADDRESS OF EMPLOYER		COUNTRY	
CONTACT NUMBER(S)	WEBSITE	E-MAIL ADDRESS	
FROM (YYYY/MM/DD)	TO (YYYY/MM/DD)	TOTAL HOURS	
NAME OF EMPLOYER			
ADDRESS OF EMPLOYER		COUNTRY	
CONTACT NUMBER(S)	WEBSITE	E-MAIL ADDRESS	
FROM (YYYY/MM/DD)	TO (YYYY/MM/DD)	TOTAL HOURS	
NAME OF EMPLOYER			
ADDRESS OF EMPLOYER		COUNTRY	
CONTACT NUMBER(S)	WEBSITE	E-MAIL ADDRESS	
FROM (YYYY/MM/DD)	TO (YYYY/MM/DD)	TOTAL HOURS	

IV. Training History**List all training(s) that you attended starting with the most recent.**

NAME OF TRAINING PROVIDER

ADDRESS OF TRAINING PROVIDER

COUNTRY

CONTACT NUMBER(S)

WEBSITE

E-MAIL ADDRESS

NAME OF PROGRAM

TYPE OF PROGRAM

-
- DEGREE
-
-
- DIPLOMA
-
-
- CERTIFICATE

FROM (YYYY/MM/DD)

TO (YYYY/MM/DD)

NAME OF TRAINING PROVIDER

ADDRESS OF TRAINING PROVIDER

COUNTRY

CONTACT NUMBER(S)

WEBSITE

E-MAIL ADDRESS

NAME OF PROGRAM

TYPE OF PROGRAM

-
- DEGREE
-
-
- DIPLOMA
-
-
- CERTIFICATE

FROM (YYYY/MM/DD)

TO (YYYY/MM/DD)

NAME OF TRAINING PROVIDER

ADDRESS OF TRAINING PROVIDER

COUNTRY

CONTACT NUMBER(S)

WEBSITE

E-MAIL ADDRESS

NAME OF PROGRAM

TYPE OF PROGRAM

-
- DEGREE
-
-
- DIPLOMA
-
-
- CERTIFICATE

FROM (YYYY/MM/DD)

TO (YYYY/MM/DD)

V. Declaration**Please read carefully and sign.**

I authorize the Inspection and Technical Services (ITS) to carry out the procedures necessary for the assessment of my application. This includes making copies of my records for the purpose of assessment and/or contacting the employer(s) and/or training provider(s) stated on this application to verify the authenticity of my documents and the date(s) attended.

I declare that all of the information and documentation attached with this application have not been changed or altered in any way, and understand that in the event that ITS determines that any document submitted with this application has been altered, tampered or forged, ITS will immediately cancel the assessment.

I hereby authorize and consent ITS to release and/or collect any or all information from the employer(s) and/or training provider(s) stated in this application for assessment purposes.

I further release ITS from any liability resulting from the use of my assessment. I have read and understand the above and the information on this form and agree to the terms stated herein.

SIGNATURE OF APPLICANT

DATE (YYYY/MM/DD)

INSPECTION AND TECHNICAL SERVICES OFFICE USE ONLY APPLICATION APPROVED

COMMENTS

SIGNATURE

 APPLICATION DECLINED OTHER (SEE COMMENTS)

DATE (YYYY/MM/DD)

This information is collected under the authority of *The Power Engineers Act* to be used for examination and licensing purposes. Your personal information is protected by *The Freedom of Information and Protection of Privacy Act*. If you have questions about the collection of information, contact Inspection and Technical Services, 508-401 York Avenue, Winnipeg, MB R3C 0P8 or call (204) 945-3373.