

SECTION 2: EDUCATIONAL AND PRACTICAL EXPERIENCE

Highest grade of the Nova Scotia high school or equivalent successfully completed; _____ (Require proof of completion)

Are you an apprentice registered pursuant to the *Apprenticeship and Trades Qualification Act*, who is enrolled in a course of study under the Act? Yes No

If you are an Apprentice please enter your Registration Number: _____ (Please include a copy of your apprenticeship pocket card)

Did you successfully complete a course in power engineering ? Yes No (Please include a copy of certificate of completion or diploma)

Courses in general and technical education completed:

School or College	Course Completed	Course Duration	
		From Month - Year	To Month - Year

*As per Section 41 (1) of the Regulations; technical education may include relevant service and training in the Canadian Forces , trade school courses or correspondence courses as recognized by the Inspector - Examiner.

Practical experience for power engineers and operators

Name of Company or Employer	Location	Duties Performed (Shift Engineer/ Operator/Trainee)	Plant Kilowatt Rating	Plant Registration No.	From Month-Year	To Month-Year	Total Months	Print Name and Signature of Chief Engineer/ Operator Class & Index #
1.								
2.								
3.								
4.								
5.								
6.								

*As per Section 42 to 46 of the Regulations.

Practical experience for crane operators

Name of Company or Employer	Address	Crane Type (Boom Truck / Mobile Crane)	Crane Manufacturer (Grove, etc) and Tonnage Rating	From Month-Year	To Month-Year	Print Name and Signature of Crane Owner
1						
2						
3						
4						
5						
6						
7						

Breakdown of Practical Experience from above Table

Total hrs. of Operating Experience	Actual Seat Time (hrs)	Actual Rigging Time (hrs)	Pre-Lift Planning Time (hrs)	Assembling & Disassembling Time (hrs)	Inspection & Maintenance Time (hrs)	Site Preparation Time (hrs)	Other Related Information	Print Name and Signature of Licenced Supervisor Class and Index #
1								
2								
3								
4								
5								
6								
7								

*As per Section 8(1)(b) of the Regulations, all practical experience must be verified by the Owner of the Crane in which you obtained your practical experience.

SECTION 3: APPLICATION FOR TRANSFER OF CERTIFICATION

Jurisdiction or Province of present registration	
Certificate(s) now held (Classification level)	
Certificate(s) Number (Enclose copy of certificate)	
Class of certification applied for;	

As per Section 39 (1) of the Power Engineers Regulations and Section 22 of the Crane Operators Regulations;

1. Candidates must provide evidence of experience and qualifications that are sufficiently equivalent to the requirements for the certificate set out in the Act and Regulations.
2. Provide evidence as to their identity; and
3. Pay the fee as set out in Schedule 1.

As per Section 39 (2) of the Power Engineers Regulations: a candidate from another jurisdiction who holds a valid inter - provincial certificate of qualification shall be issued an inter - provincial certificate of qualification under these regulations upon paying the fee set out in Schedule 1.

SECTION 4, APPLICATION FOR CERTIFICATION UNDER MILITARY OR MARINE ENGINEERING

Highest level of certification obtained as a “ Military Stationary or Marine Engineer.”	
Highest level of certification obtained as a (Civilian) Marine Engineer.	
Are you applying for certification without examination	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you applying for an examination? (If requesting an examination please complete section 1)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Class of certificate for which you are applying	

As per Section 39 (1) of the Power Engineers Regulations;

1. Candidates must provide evidence of experience and qualifications that are sufficiently equivalent to the requirements for the certificate set out in the Act and Regulations.
2. Provide evidence as to their identity; and
3. Pay the fee as set out in Schedule 1.

DECLARATION; (Must be completed)

I, _____ Of _____

in the county of _____ the within named applicant, hereby declare that the several parts and particulars in my said application are and each of them is true and correct and that my signature on the said application is in my own handwriting.

Applicant signature _____

Date: _____

FOR DEPARTMENTAL USE ONLY	
Candidate approved for certification/examination	Yes <input type="checkbox"/> No <input type="checkbox"/>
Issue a certificate of qualification (class level)	
Signature of Inspector Examiner	
Date :	