

**REQUEST FOR EXTENSION TO INDUSTRIAL
AUDIOMETRIC TECHNICIAN AUTHORIZATION**

1. Please complete this form and fax to: WorkSafeBC (WCB) Hearing Loss Prevention Section
604 276-3106
2. Your request will be processed and the result will be faxed back to you.

Industrial audiometric technician (IAT) information

Name	IAT certificate number
Reason for request for extension	
Planned refresher date <small>yyyy-mm-dd</small>	Date of request <small>yyyy-mm-dd</small>
For course information, consult BCIT at http://courses.bcit.ca/OCHS0330,OCHS3330	

Employer information

Employer name	Contractor number <i>(if applicable)</i>
Division	
City	
Telephone number ()	Fax number ()

Result of request

Request reviewed and <input type="checkbox"/> Approved <input type="checkbox"/> Denied	If denied, reasons for denial
NEW expiry date of authorization <small>yyyy-mm-dd</small>	Date of review <small>yyyy-mm-dd</small>
Name of reviewer <i>(please print)</i>	Signature of reviewer

WorkSafeBC use only

<input type="checkbox"/> GCS updated
