

## WORK SAFE BC Hearing Loss Prevention Section PO Box 5350 Stn Terminal Vancouver BC Fax 604 276-3106 V68 5L5 V68 5L5 V60 21-7233, ext. 3090 WORKING TO MAKE A DIFFERENCE Toll-free within BC 1 888 621-7233, ext. 3090

## **APPLICATION FOR AUTHORIZATION**

To Conduct Hearing Tests Under Occupational Health & Safety Regulation 7.8

Please complete this form and fax to: WorkSafeBC (WCB) Hearing Loss Prevention Section 604 276-3106

## **Applicant information**

Name as it will appea	ar on authorization (pla	ease print)	Certificate numbe	Certificate number (for refresher courses only)			
Date of birth Social insurance			number	Home pho	Home phone number		
yyyy-mm-dd				( )			
Home address		'					
City			Province	Province Postal code			
Job title/occupation							
Training course com	pletion date		Refresher course completion date  OR				
Signature of applicant			Date	yyyy-mm-dd  Date			
				yyyy-mm-dd			
Employer inform	nation						
Employer name			Contractor number (if applicable)				
Employer mailing address			Division or work location				
City			Province		Postal code		
Telephone number			Fax number				
( )			( )	( )			
Supervisor of he	earing conservat	tion program OR he	aring test contrac	tor owner			
Name (please print)	<b>g</b>	p. 03	<u></u>				
Signature			Date				
J							
				ууу	y-mm-dd		
For WorkSafeBC  1. Training course	use only — stud	lent evaluation sco	2. Refresher cour	rse			
Practicum	Written	Homework	Practicum				