

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

Applicant information

Name as it will appear on authorization <i>(please print)</i>		Certificate number <i>(for refresher courses only)</i>	
Date of birth <i>yyyy-mm-dd</i>	Social insurance number		Home phone number ()
Home address			
City		Province	Postal code
Job title/occupation			
Training course completion date <i>yyyy-mm-dd</i>		OR	Refresher course completion date <i>yyyy-mm-dd</i>
Signature of applicant		Date <i>yyyy-mm-dd</i>	

Employer information

Employer name		Contractor number <i>(if applicable)</i>	
Employer mailing address		Division or work location	
City		Province	Postal code
Telephone number ()		Fax number ()	

Supervisor of hearing conservation program OR hearing test contractor owner

Name <i>(please print)</i>	
Signature	Date <i>yyyy-mm-dd</i>

For WorkSafeBC use only – student evaluation scores

1. Training course			2. Refresher course
Practicum	Written	Homework	Practicum