

**APPLICATION FOR POWER ENGINEER
EXAMINATION / LICENCE**

09/06

Name	Licence #	Class			
Mailing Address	Street Number	Street Name	Municipality	Province	Postal Code
Telephone	Fax	Date of Birth	Year	Month	Day
		Social Ins. No.			

EXAMINATION REQUESTED (Please Check)

First Class				Second Class				Third Class		Fourth Class	
<input type="checkbox"/> Old Syllabus		<input type="checkbox"/> New Syllabus		<input type="checkbox"/> Old Syllabus		<input type="checkbox"/> New Syllabus					
A1 <input type="checkbox"/>	A2 <input type="checkbox"/>	A3 <input type="checkbox"/>	A4 <input type="checkbox"/>	A1 <input type="checkbox"/>	A2 <input type="checkbox"/>	A3 <input type="checkbox"/>		A1 <input type="checkbox"/>	A2 <input type="checkbox"/>	A <input type="checkbox"/>	
B1 <input type="checkbox"/>	B2 <input type="checkbox"/>	B3 <input type="checkbox"/>	B4 <input type="checkbox"/>	B1 <input type="checkbox"/>	B2 <input type="checkbox"/>	B3 <input type="checkbox"/>		B1 <input type="checkbox"/>	B2 <input type="checkbox"/>	B <input type="checkbox"/>	

Language Preference <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Bilingual	Preferred Location of Examination <input type="checkbox"/> Bathurst <input type="checkbox"/> Saint John <input type="checkbox"/> Fredericton <input type="checkbox"/> Other _____ Date _____
Are you currently enrolled in Block Release Training? <input type="checkbox"/> Yes <input type="checkbox"/> No or as a full time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Course Location _____ Date _____ Instructor's Signature _____	

TO BE COMPLETED BY CHIEF POWER ENGINEER OR SUPERVISING POWER ENGINEER

Name of Employer		Street Number		Street Name		Municipality		Prov.		Postal Code	
Mailing Address		Telephone		Fax		Plant Location					
Number of Months Experience as:				Number of Months Experience as Assistant Engineer				Total Therm hour rating of Boilers			
<input type="checkbox"/> Chief Engineer		<input type="checkbox"/> Shift Engineer Assistant		<input type="checkbox"/> Boiler Room		<input type="checkbox"/> Water Treatment					
<input type="checkbox"/> Shift Engineer				<input type="checkbox"/> Engine Room		<input type="checkbox"/> Other Equipment				Boiler Pressure	
Authorized Signature Chief or Supervising Power Engineer		Title		Licence Number		Date					
Board Decision		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Examination Required		Signature _____				Date _____			

PAYMENT INSTRUCTIONS

Method of Payment:

- * Cheque or Money Order Payable to "Minister of Finance".
- * Credit Card (Visa or MasterCard ONLY).
- * Debit Card (if making payment in person).
- * Return this form with payment to address below.

Fees: \$20.00 each exam

METHOD OF PAYMENT

<input type="checkbox"/> Cheque	<input type="checkbox"/> Visa
<input type="checkbox"/> Money Order	<input type="checkbox"/> MasterCard

Card #

Expiry Date / /

Signature _____

