

APPLICATION FOR POWER ENGINEER EXAMINATION / LICENCE

05/17

Name		Licence #		Class	
Mailing Address	Street Number	Street Name	Municipality	Province	Postal Code
Telephone	Home	Work	Fax		
Date of Birth	Year	Month	Day	Email	

EXAMINATION REQUESTED (Please Check)

First Class				Second Class			Third Class		Fourth Class
<input type="checkbox"/> 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

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

Course Location	Date	Instructor's Signature	
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TO BE COMPLETED BY CHIEF ENGINEER OR SUPERVISING POWER ENGINEER

Name of Employer					
Mailing Address	Street Number	Street Name	Municipality	Province	Postal Code
Telephone		Fax		Plant Location	
Total number of months/years of operating experience of applicant	_____ Years _____ Months		Total therm hour rating of boilers		
Signature of Chief Power Engineer			Phone #	Licence #	Date
Board Decision	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		<input type="checkbox"/> Examination Required		
Signature			Date		

PAYMENT INSTRUCTIONS	METHOD OF PAYMENT																								
Method of Payment: (PLU 784016) * Cheque or money order made payable to the "Minister of Finance" * Credit Card (Visa or MasterCard ONLY) Fee: \$40.00 each exam	<input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Card # <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> Expiry Date <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> Signature _____																								

