	APPLICATION FOR POWER ENGINEER EXAMINATION / LICENCE																
Name									Licen	ice#				Class	03/21		
	Street Number Street Name Mailing Address								Municipality Province Postal Code								
Telephone	Home									Fax	(
Date of Birth	Date of Birth Year Month						Day	Email		<u> </u>	<u> </u>						
EXAMINATION REQUESTED (Please Check)																	
First Class							S	Second Class				Third Class			Fourth Class		
A1		A2		A3 [\4	A1		A2		А3		A1	A2	Па		
В1		В2		вз [e	34	В1		В2		В3	 	 В1 [B2	— П в		
Language Preference Preferred Location Examinat									Fredericton Saint John Bathurst Edmundston Date								
Are you currently enrolled in Block Release Training? Yes No												Full-tim	e student?		Yes No		
Course Location	Date		Instructor's Signature														
					то в	E COMP	LETED	ву сні	EF PC	WER	ENGIN	IEER					
Name of Employer																	
Mailing Address Street Number Street Name							•	Municipality Province Postal Code							Postal Code		
Telephone	elephone					Fax				Plant Loc							
Total number months/years of operating experience for applicant Years								Months Total therm hour ration					ng of boilers	3			
Chief Power Engineer's Signature										Pho	ne#		Licence #	1	Date		
Board Decision Approved								☐ Not Approved ☐ Examination Required									
Signature										Da	ite						
PAYMENT INSTRUCTIONS											MET	HOD OF	PAYMENT				
Method of Payment:								Cheque Money Order Visa MasterCard									
 Cheque or money order made payable to the "Minister of Finance" 								Card #									
Onoquo (or mon of Fina	ey ord ance"	er made	payable	יוט נוו	е	Card	#									
Onoquo (of Fina	ance"				е	Card	#			Mont	h	Year		CVV		

Department of Justice and Public Safety Technical Inspection Services Phone: (506) 457-6480



Signature

PO Box 6000 Fredericton, NB E3B 5H1 Fax: (506) 457-7394

E-mail application to: PowerExams@gnb.ca