

Application for Certificate of Proficiency

I, _____
Full Name in Block Letters

of _____, _____
Number and Street City or Town

hereby make application for examination for certification as a _____
Welder, Brazer, Operator

under the provisions of Part VI of the Boiler, Pressure Vessel and Compressed Gas Regulations, 1996.

Date of Birth	Present Employer
Technical Courses Completed	
1. _____	
2. _____	
3. _____	
Journeyman Certificate (Trade)	No.
Trade Certificate other than Newfoundland	

Trade Experience

Employer	Nature of Work	From	To
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Signature of Company Official	Date (YYYY-MM-DD)
Signature of Applicant	Date (YYYY-MM-DD)

FOR OFFICE USE ONLY

DRAWING REGISTRATION REQUIRED YES NO
AFFIDAVITS REQUIRED YES NO
INSPECTION REQUIRED YES NO
SECTION 48 REQUIREMENTS MET YES N/A

PERMIT INFORMATION

ISSUED TO _____
OF _____
SCOPE _____
LOCATION _____
PRESSURE _____ kPa
DATE _____ PER _____
PERMIT NO. _____

INSPECTION INFORMATION

INSPECTOR _____

TYPE	DATE	STATUS	INITIAL
FIRST INSPECTION	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
START-UP INSPECTION	_____	_____	_____

JOB COMPLETED AND FILED _____

FILE NO.: PP _____

NOTES _____

