

**Application for  
Examination as a  
Medical Gas Installer**

I, \_\_\_\_\_ (full name in block letters) \_\_\_\_\_ (Date of Application)

\_\_\_\_\_ (Number and Street Address) \_\_\_\_\_ (City or Town)

hereby make application for examination for certification as a medical gas installer under the provisions of the Boiler, Pressure Vessel and Compressed Gas Regulations, 1996, and CSA Standard Z305.1.

**EDUCATION AND EXPERIENCE:**

- (1) Education Level Obtained: \_\_\_\_\_
- (2) Trade Certificate in Plumbing and/or Pipefitting: \_\_\_\_\_ (No.)
- (3) Trade Certificate other than Newfoundland: \_\_\_\_\_
- (4) Brazer's Certificate of Proficiency: \_\_\_\_\_ (Index No.)
- (5) Trade Experience:

Employer	Nature of Work	From	To
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____
(4) _____	_____	_____	_____

**Signature of Applicant:** \_\_\_\_\_ \_\_\_\_\_ Payment Received

**This Section to be Completed by Company Representative:**

I hereby certify that \_\_\_\_\_ has been employed by \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Signature of Company Official \_\_\_\_\_ Date