

ED MECHANIC IN TRAINING CERTIFICATION RENEWAL FORM - CLASS H

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Note: The information on this form is collected to administer the provisions of the BC *Safety Standards Act* and section 26 of the *Freedom of Information and Protection of Privacy Act*. If you have questions about the collection, use or disclosure of this information, contact the Records, Information and Privacy Analyst for Technical Safety BC at 1-866-566-7233.

To perform regulated work, Elevating Device Mechanics in training must be employed by a Licensed elevating devices contractor, and be supervised.

Instructions: Renewal form must be fully filled in, applications missing information will not be accepted. Documents for enrollment or progression must be included with this renewal, applications missing documentation will not be accepted.

A. Applicant Information

Certification Number: **CED**

Last Name: <i>Legal Name</i>		Given Name:			Middle Initial:
Civic Address:	Suite No:	Street No:	Street Name:	City:	Postal Code:
Mailing Address: <small>(If different from above)</small>	Suite No:	Street No:	Street Name:	City:	Postal Code:
Primary Phone:	Mobile Phone:		Email:		
Contact Preference:	<input type="checkbox"/> Mail	<input type="checkbox"/> Email			

B. Mechanic in Training Information (You have one year from date of application to enroll in an approved educational path.)

Is this your first certificate renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Employer	Employer license Number:
Supervisor Name:	Supervisor email:
<input type="checkbox"/> CAT Candidate Program Name of Institution: _____ <input type="checkbox"/> Other (Please Describe): _____ Enrollment Date: MM / DD / YYYY <small>(You must attach transcript/supporting document.)</small>	
For all renewals beyond the first, proof of progression in the education program is required. See Directive D-ED 2017-01 for more information.	

Class H Workplace Achievement Criteria

Check all Competencies that have been signed in your passport by a Certified Mechanic. Fill in the Certification Number of the signing mechanic and date the mechanic signed for each competency starting on page 21 of your passport. Note some competencies require multiple sign-offs, and may include additional types, indicate the type signed off on where required.

	Competency	General area of competency	Signing mechanic Certificate Number	Date signed mm/dd/yy
<input type="checkbox"/>	B7	Use of electrical equipment		
<input type="checkbox"/>	C8	Apply troubleshooting techniques		
<input type="checkbox"/>	D1	Layout hoist ways		
<input type="checkbox"/>	D2	Install guide rails, guide rail supports, and fastenings		
<input type="checkbox"/>	D4	Install door frames, hoist way doors, and lock assemblies		
<input type="checkbox"/>	D5	Install wiring raceway, fixtures, and wiring		
<input type="checkbox"/>	D7	Adjust and commission elevating devices		

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<input type="checkbox"/>	D8	Install hoist way doors and lock assemblies		
<input type="checkbox"/>	E4(1)	Install suspension systems		
<input type="checkbox"/>	E4(2)	Install suspension systems		
<input type="checkbox"/>	E4(3)	Install suspension systems		
<input type="checkbox"/>	F2	Install pit structures, jack and suspension systems		
<input type="checkbox"/>	F3	Install machine room equipment		
<input type="checkbox"/>	F4	Install the hydraulic piping system		
<input type="checkbox"/>	G5(1)	Install electrical systems		
<input type="checkbox"/>	G5(2)	Install electrical systems		
<input type="checkbox"/>	G5(3)	Install electrical systems		
<input type="checkbox"/>	G8	Adjust door systems		
<input type="checkbox"/>	G10	Maintain electrical and electronic systems (level 1)		
<input type="checkbox"/>	J2(1)	Apply the requirements for mandatory maintenance		
<input type="checkbox"/>	J2(2)	Apply the requirements for mandatory maintenance		
<input type="checkbox"/>	J3	Evacuate trapped passengers		
<input type="checkbox"/>	J7	Maintain elevating device cabs, carriages, and platforms		
<input type="checkbox"/>	K2(1)type1	Service brake systems Type:		
<input type="checkbox"/>	K2(2)type1	Service brake systems Type:		
<input type="checkbox"/>	K2(3)type1	Service brake systems Type:		
<input type="checkbox"/>	K2(1)type2	Service brake systems Type:		
<input type="checkbox"/>	K2(2)type2	Service brake systems Type:		
<input type="checkbox"/>	K2(3)type2	Service brake systems Type:		
<input type="checkbox"/>	K7	Repair elevating systems for handicap lifts		
<input type="checkbox"/>	L4(1)	Replace governors and safeties		
<input type="checkbox"/>	L4(2)	Replace governors and safeties		
<input type="checkbox"/>	L4(3)	Replace governors and safeties		
<input type="checkbox"/>	M2	Install rail systems		
<input type="checkbox"/>	M3	Install carriage and seat or platform		
<input type="checkbox"/>	M4	Adjust and commission incline lifts		
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

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Scope of Work Endorsement Use the tables starting on page 12 of passport to determine if passport holder has achieved scope of work endorsements for each type of equipment. Once they have achieved endorsement, fill in and sign the passport starting on page 25, and also fill in and sign this declaration.			
	Stair Chair Lifts	Stair Platform Lifts	Vertical Platform Lifts
Install/Construct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repair/Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Declaration: I certify that the information I have provided is accurate and true.			
<input type="checkbox"/> Checking this box and submitting this form to Technical Safety BC via email constitutes your authorization. This has the same effect as submitting a handwritten signature.			
Applicant Name:	Applicant Signature:		Date: MM / DD / YYYY