

ELEVATING DEVICES OPERATOR CERTIFICATE OF QUALIFICATION APPLICATION

Payment Card Industry Data Security Standards prevent the use of credit card information sent through email or fax. A Client Service Representative will contact you within three business days to complete any payment process required.

Note: The information on this form is collected to administer the provisions of the 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 & Privacy Analyst at 1-866-566-7233.

A. Applicant Information

| | | | |
|---|--------------------|--|--|
| Last Name: <small>Legal Name</small> | Given Name: | Middle Initial: | Date of Birth: <small>MM DD YYYY</small> |
| Civic Address: <small>Street No. Street Name City Postal Code</small> | | Suite No: | |
| Mailing Address: <small>Complete mailing address if different:</small> | | | |
| Primary Phone: | Mobile Phone: | Email: | |
| B.C. Certification Class Held: | Certification No.: | Contact Preference: <input type="checkbox"/> Mail <input type="checkbox"/> Email | |

B. Exam Details

| Class: (check appropriate box) | Requirements |
|--|---|
| <input type="checkbox"/> PHCEO - Personnel Hoist & Construction Elevator Operator <small>(Outside Elevator/ hoist)</small> | 21 hours documented training from an acceptable Personnel Hoist Contractor Must be at least 18 years of age |
| <input type="checkbox"/> CSOCEO - Car Switch & Construction Elevator Operator <small>(Section 5.10 – Inside Elevator)</small> | Must be at least 16 years of age |
| Requested exam Location: | Requested exam month: Exam time: <input type="checkbox"/> AM <input type="checkbox"/> PM |

Note: Exam date and time are not guaranteed until exam eligibility, payment, and exam availability are confirmed by Technical Safety BC.

C. Declaration

| | |
|---|---------------------------------|
| <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. | |
| Signature of Applicant: | Date: <small>MM DD YYYY</small> |

Instructions: Please email the completed form to contact@technicalsaftybc.ca with the subject line: 'Elevator Operator Exam'