

## ED MECHANIC SKILLS PASSPORT DECLARATION FORM – CLASS H

**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. 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.

### A. Passport Holder (please PRINT clearly)

Last Name: <b>Legal Name</b>	Given Name:	Middle Initial:
Certificate of Qualification No.:		Date of Birth: MM DD YYYY

### B. Passport Holder Declaration (to be completed by the passport holder)

<b>Class H Workplace Achievement Criteria</b> 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		
<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"/>	<b>L4(1)</b>	Replace governors and safeties		
<input type="checkbox"/>	<b>L4(2)</b>	Replace governors and safeties		
<input type="checkbox"/>	<b>L4(3)</b>	Replace governors and safeties		
<input type="checkbox"/>	<b>M2</b>	Install rail systems		
<input type="checkbox"/>	<b>M3</b>	Install carriage and seat or platform		
<input type="checkbox"/>	<b>M4</b>	Adjust and commission incline lifts		
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

**C. Company Signing Officer Information** *(to be completed by the employer)*

Signing Officer Name:		Company Name:		Licence Number:
Suite Number:	Street Number and Name:			
City:		Province:	Postal Code:	
Phone Number:	Fax Number:	Email Address:		

**Passport Holder Employment Information** *(to be completed by the employer, about the passport holder)*

Dates of Employment (MM/DD/YYYY)		Total Number of Hours of Experience
From:	To:	

**Scope of Work Endorsement**

Use the tables starting on page 11 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 provided above is accurate.

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.

Signing Officer Signature:	Date:
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