

www.technicalsafetybc.ca contact@technicalsafetybc.ca

Toll Free: 1 866 566 7233

RECOGNITION OF INTERNATIONAL CREDENTIALS IN POWER ENGINEERING APPLICATION

Note: Any personal information collected is handled in accordance with the British Columbia *Freedom 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.

A. Applicant Information								
Last Name: Legal Nan	ne	First Name:		Middle Name:	Birth month:			
B. Mailing Address								
Civic address:					Country:			
Mailing Address: (If different from above)					Country:			
Phone No:				Alternate Phone No.:				
Email:				Contact Preference:				
C. Class of Certification								
Indicate which certificate of qualification you are applying to be assessed for:								
D. Existing Boiler Operator Credentials								
Enter the credential(s) you currently hold. You may enter more than one credential. The examples of the credentials are stationary engineer, steam engineer, boiler operator, operating engineer, power plant operator, steam plant operator etc.								
Name of credential:		Issuing authority:						
Location:	Please enter city	province or country	Issue date: YYYY-MM-DD		Expiry date: YYYY-MM-DD			
Name of credential:			Issuing auth	ority:				
Location:	Please enter city	province or country	Issue date: YYYY-MM-DD		Expiry date: YYYY-MM-DD			
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Name of credential:			Issuing authority:					
Location:	Please enter city	province or country	Issue date: YYYY-MM-DD		Expiry date: YYYY-MM-DD			
Name of credential: Issuing authority:								
Location:	Please enter city	province or country	Issue date: YYYY-MM-DD Expiry date: `		Expiry date: YYYY-MM-DD			

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E. Training and Education (you may enter more than one related training and/or educational program)						
Program:						
Name of training provider:		Location:				
Start date: YYYY-MM-DD	End date: YYYY-MM-DD	☐ Check this box if you're still enrolled in the program				
Program:						
Name of training provider:		Location:				
Start date: YYYY-MM-DD	End date: YYYY-MM-DD	Check this box if you're still enrolled in the program				
Program:						
Name of training provider:		Location:				
Start date: YYYY-MM-DD	End date: YYYY-MM-DD	Check this box if you're still enrolled in the program				
		·				
Program:						
Name of training provider:		Location:				
Start date: YYYY-MM-DD	End date: YYYY-MM-DD	Check this box if you're still enrolled in the program				
F. Boiler Plant Information and	d Experience					
Boiler plant name:	Type:					
Plant address:		Capacity (m ²):				
Position held:			Qualifying time (months):			
Start date: YYYY-MM-DD	End date: YYYY-MM-DD		☐ Check this box if you're still employed here			
Supervisor name:			Supervisor contact info:			
Boiler plant name:						
Plant address:			Type:			
			Type: Capacity (m²):			
Position held:						
Position held: Start date: YYYY-MM-DD	End date: YYYY-MM-DD		Capacity (m²):			
	End date: YYYY-MM-DD		Capacity (m²): Qualifying time (months):			
Start date: YYYY-MM-DD	End date: YYYY-MM-DD		Capacity (m²): Qualifying time (months): Check this box if you're still employed here			
Start date: YYYY-MM-DD Supervisor name:	End date: YYYY-MM-DD		Capacity (m²): Qualifying time (months): Check this box if you're still employed here Supervisor contact info:			
Start date: YYYY-MM-DD Supervisor name: Boiler plant name:	End date: YYYY-MM-DD		Capacity (m²): Qualifying time (months): Check this box if you're still employed here Supervisor contact info: Type:			
Start date: YYYY-MM-DD Supervisor name: Boiler plant name: Plant address:	End date: YYYY-MM-DD End date: YYYY-MM-DD		Capacity (m²): Qualifying time (months): Check this box if you're still employed here Supervisor contact info: Type: Capacity (m²):			

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G. Required Documents						
Boiler Operator Credential Please provide the credential that authorizes the holder to perform, in other jurisdictions, work that is equivalent to regulated work.						
Work Experience Please provide details on your work experience, including affidavits from your employer(s). If your documents are not in English, please provide your translation service reference number.						
Educational Credential If you have any educational credentials, please provide a scanned copy of your original educational credential and indicate your educational credential assessment (ECA) reference number.						
Training Please provide a scanned copy of your original academic/training record(s). If your documents are not in English, please provide your translation service reference number.						
Additional Documentation Please provide any additional documentation that would assist in your evaluation (E.g.: results, examinations, interviews, any other assessments). If your documents are not in English, please provide your translation service reference number.						
If the original documents other than English, please provide translation s	ervice reference number:					
Please select the box to indicate the type of attachment:	□ Boiler Operator Credential □ Work Experience □ Educational Credential ECA¹ #: □ Training □ Additional Documentation					
	by Citizenship and Immigration Canada (CIC) to provide Educational Credential					
Assessment (ECA) reports for Canadian immigration purposes (Express Entry and Permanent Residency). Under the guidelines provided by the Citizenship and Immigration Canada (CIC) ICES will only provide ECA reports for completed academic credentials. Note, ICES does not evaluate trade qualifications, military training, second language training, professional licenses, apprenticeships, work or life experience, continuing education courses taken at non-recognized institutions, and non-credit professional development courses all fall outside the scope of ICES services. For more information about the Federal Skilled Trades Program see this CIC link.						
ICES will provide a statement of the general equivalency of international educational credentials to a completed Canadian educational credential.						
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:	Date:					
Full name of signee:						
Please save the completed application to your device and email a copy to: internationalpe@technicalsafetybc.ca						

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