

Passport Holder (please PRINT clearly)

www.technicalsafetybc.ca contact@technicalsafetybc.ca

Toll Free: 1-866-566-7233

ED MECHANIC SKILLS PASSPORT DECLARATION FORM - CLASS C

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.

Last	Name: Legal	Name	Given Name:	Middle Initial:				
Certif	ficate of Qualificati	on No.:	Date of Birth: MM DD YYYY					
В. Р	assport Holder	Declaration (to be completed by	the passport holder)					
Chec date t	k all Competencies the mechanic signe	hievement Criteria s that have been signed in your passped for each competency starting on pa , indicate the type signed off on where	age 21 of your passport. Note so	in the Certification Numborne competencies requir	per of the signing te multiple sign-	g mechanic and offs, and may		
	Competency	General area o	of competency	Signing mechanic Numbe		Date signed mm/dd/yy		
	B6(1)	Use rigging and h	oisting equipment					
	B6(2)	Use rigging and h	oisting equipment					
	B6(3)	Use rigging and h	oisting equipment					
	B7	Use electrical t	test equipment					
	C8	Apply troublesho	oting techniques					
	D5	Install wiring raceway	y, fixtures and wiring					
	G5(1)	Install electr	ical systems					
	G5(2)	Install electr	ical systems					
	G5(3)	Install electr	ical systems					
	G6	Maintain electrical and ele	ectronic systems (level 2)					
	G7	Troubleshoot electrical and	electronic systems (level 2)					
	K2(1)	Service brake systems Typ	e:					
	K2(2)	Service brake systems Typ	e:					
	K2(3)	Service brake systems Typ	e:					
	K6(1)	Replace machi	nes and motors					
	K6(2)	Replace machi	nes and motors					
	K6(3)	Replace machi	nes and motors					
	N1(1)	Layout the base ar	nd buffer assembly					
	N1(2)	Layout the base ar	nd buffer assembly					
	N1(3)	Layout the base ar	nd buffer assembly					
	1N2(1)	Install masts, braces, a	inchors, and limit cams					
	1N2(2)	Install masts, braces, a	inchors, and limit cams					
	1N2(3)	Install masts, braces, a	inchors, and limit cams					
	2N2(1)	Install masts, braces, a	Install masts, braces, anchors, and limit cams					
	2N2(2)	Install masts, braces, a						
	2N2(3)	Install masts, braces, a						
	3N2(1)	Install masts, braces, a						
	3N2(2)	Install masts, braces, a	inchors, and limit cams					
	3N2(3)	Install masts, braces, a	inchors, and limit cams					
	4N2(1)	Install masts, braces, a	inchors, and limit cams					
	4N2(2)	Install masts, braces, a	inchors, and limit cams					
	4N2(3)	Install masts, braces, a	inchors, and limit cams					

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		N3(1) Install hoist car, drive assembly, and counterweight assembly										
		N3(2	2)	Install hoist car, drive assembly, and counterweight assembly								
		N3(3	3)	Install hoist car, drive assembly, and counterweight assembly								
L	<u> </u>	N3(4	1)	Install hoist car, drive assembly, and counterweight assembly								
L	<u>_</u>	N3(5	5)				counterweight					
L		N4		Install hoist wa								
L	<u>_</u>	N5					panel and wiring	g				
L		N6(1)	Adjust and commission personnel hoists								
L	<u>_</u>	N6(2	2)	Ac	ljust and com	mission pe	rsonnel hoists					
		N6(3	3)	Ac	ljust and com	mission pe	rsonnel hoists					
L		1N7(1)		Disman	itle a perso	nnel hoist					
		1N7(2)	Dismantle a personnel hoist								
		1N7(3)	Dismantle a personnel hoist								
		2N7(1)	Dismantle a personnel hoist								
		2N7(2)		Dism	antle a per	sonnel hoist					
		2N7(3)		Dism	antle a per	sonnel hoist					
Signing Officer Name: Company Name:							oyer)	Licence Number:			nber:	
Suite Number: Street Number and Name:												
City: Provin				nce:	Postal Code:							
Phone Number: Fax Number:			r:		Email Address:							
Pa	ıssp	ort Holder	Employr	ment Information	n (to be comp	oleted by th	ne employer, ab	out the passp	ort 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 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.												
Hydraulic Perso			onnel Hoist Elec		Electric	ric Personnel Hoist			Manlifts			
Ins	nstall/Construct											
R	Repair/Service											
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.												
Si	anin	na Officer	Signatur	.e.						Date:		

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