www.technicalsafetybc.ca
contact@technicalsafetybc.ca
Toll Free: 1-866-566-7233

ED MECHANIC SKILLS PASSPORT REPLACEMENT FORM

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: Legal Name	Given Name:	Middle Initial:	Date of Birth: MM DD YYYY
Civic Address:			
Mailing Address: (If different from above)			
Primary Phone:	Mobile Phone:	Email:	
Certificate of Qualification No.:	Contact Preference: ☐ Mail ☐ Email ☐ Other _____		
Reason for Replacement Passport: ☐ Lost ☐ Stolen ☐ Damage			

B. Documentation

CLASS: *(Select one)* ☐ Class A ☐ Class C ☐ Class H ☐ Class MR

The following are attached:
☐ Photos of signed passport pages. If available
☐ **ED MECHANIC SKILLS PASSPORT DECLARATION FORM.**
This form must be completed/signed. Use the correct form for the class of passport.

DECLARATION: I certify the documents submitted with this form accurately reflect my experience and/or qualifications and all statements made by me on this form and on any attachment are true and correct.

☐ 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: MM DD YYYY

Skills Passport information can be found on Technical Safety BC website at:
www.technicalsafetybc.ca

Technical Safety BC is working towards going paperless! Participate by signing up for email correspondence.