

WORK EXPERIENCE FOR ELEVATING DEVICES MECHANICAL CERTIFICATION (EDMC)

This form is only required when submitting work experience to obtain a certificate of qualification for Elevating Devices Mechanic Certification

PERSONAL INFORMATION

Name: _____

Mailing Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Date of Birth: _____
(DD/MM/YYYY)

To the best of my knowledge, this application and all supporting documents are accurate. I understand that a false or misleading statement in this application or any of the references or other evidence of qualification submitted by myself or on my behalf may result in the Chief Inspector denying this application.

Signature of Applicant

Date (DD/MM/YYYY)

WORK EXPERIENCE (To Be Completed by the Employer/Company Contact)

Each employer listed on the applicant history section of the Evaluation Application must complete an Employee Declaration form. You must provide proof of working hours required by class of licence* being applied for.

FROM (DD/MM/YYYY)	TO (DD/MM/YYYY)	TOTAL NUMBER OF EXPERIENCE HOURS

Employer Name: _____

Employer Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number : _____

I hereby certify to the best of my knowledge that the time shown above is correct and was completed by the applicant. I understand that a false or misleading statement in this application certified by myself may result in the Chief Inspector denying this application.

Name of Company Representative

Signature

Date (DD/MM/YYYY)

Phone Number

Cell Phone Number

Email Address

OFFICE USE ONLY

Candidate Able to Obtain EDMC: Yes No

Approved By: _____

Date (DD/MM/YYYY)

* Licence Class Required Hours: Class A - 8,000 Hours | Class B - 4,000 Hours | Class C - 6,000 Hours