

OCCUPATIONAL SAFETY AND HEALTH AUTHORITY/AGENCY

APPLICATION FORM FOR LICENCE TO EXAMINE AND TEST STEAM BOILERS AND AIR PRESSURE CONTAINERS

UNDER THE PROVISIONS OF SECTION 99 OF THE OCCUPATIONAL SAFETY AND HEALTH ACT CHAPTER 88:08

1. GENERA	L PARTICULARS		DATE:					
NAME:								
ADDRESS:								
DATE OF BIRTH: NATIONALITY:								
TEL CONTACT: (CELL) (HOME) (WORK)								
FAX: EMAIL ADDRESS:								
EMPLOYER'S NAME: TEL CONTACT:								
ADDRESS:								
EMAIL ADDRESS:								
HAVE YOU EVER APPLIED FOR LICENCE BEFORE: YES \square NO \square								
IF YES WHAT IS THE PERIOD:								
NAME OF	CAL EDUCATION ADDRESS OF INSITUTION	YEAR	CERTIFICATE, DIPLOMA, DEGREE					
INSTITUTION		ATTENDED	ETC	C. ATTAINED				
3. CAREER TO DATE								
YEARS	ORGANISATION	ADDI	RESS	POSITION HELD				

4. DETAILS OF EXPERIENCE RELATIVE TO THE DESIGN, OPERATION, MAINTENANCE AND INSPECTION OF BOILERS AND AIR PRESSURE CONTAINERS

	PERIOD FROM - TO	ORGANISATION NAME & ADDRESS	STATEMENT OF DUTIES/DEGREE OF RESPONSINILITY TYPE & CLASS OF EQUIPMENT	NAME OF PERSON FAMILIAR WITH EACH ENGAGEMEN
	5. OTHER IN	FORMATION		
ME	MBERSHIP OF PR	OFESSIONAL ORGANISATION:		
ARI	E YOU REGISTERI	ED WITH ANY PROFESSIONAL	BODY: YES \(\square\) NO \(\square\)	
IF Y	YES NAME OF THE	PROGESSIONAL BODY:		
DA	TE OF REGISTRAT	TION:		
	I Certify that the	Statements given above is tru	ue and correct.	
	·	G	•••••	of Applicant
			Date	
=		FOR OFF	TICIAL USE	
-	Date of Receipt A	pplication:		
	Date of Submission	on to Boiler Examiners Board: .		
				of Chief Inspector
			Date	••••••
-	We Recommend/I	Oo Not Recommend the granting	ng of a Licence at this time.	
			Sig Chairman Boiler I	nature of Examiners Board
			Date	••••••