

ITS CS Form - 09

I. Personal Information (PLEASE PRINT)			
FIRST NAME MIDDLE INITIAL		SURNAME	
ADDRESS		CITY/TOWN	POSTAL CODE
MAILING ADDRESS		PRIMARY PHONE	CELL PHONE
MALLING ADDRESS			CELL PHONE
E-MAIL ADDRESS			
II. Declaration Information			
I,(PRINT FULL NAME)		o solemnly declare that my experience has been as follows:	
		ADDRESS OF EMPLOYER	
		PHONE NUMBER OF EMPLOYER	
DATES OF EMPLOYMENT	·		
From T	0	Total Number of Hours	
From To Total Number of Hours			
POSITION(S) HELD, DUTIES AND RESPONSIBILITIES: (use separate sheet if needed) (Examples: Chief Engineer, Shift Engineer, Welder, etc,.)			
For Power Engineer Only			
PLANT CLASSIFICATION		BOILER MB Unit No:	
BOILER RATING (Kilowatt or Horsepower)		WORKING BOILER PRESSURE (PSI)	
For Refrigeration Plant Operators Only			
REFRIGERATION PLANT RATING (Kilowatt or Horsepower)		REFRIGERATION PLANT MB Unit No:	
And do make this solemn declaration conscientiously believing the information presented above to be true, and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act. I understand that failure to give truthful, complete and accurate information may result in the denial of an examination application or the cancellation of a certificate issued under <i>The Power Engineers Act</i> .			
SIGNATURE OF APPLICANT		DATE (YYYY/MM/DD)	
III. Commissioner of Oath			
Declared before me at		_thisday of	20
CITY/TOWN	PROVINCE		
(COMMISSIONER OF OATH SIGNATURE) My Commission expires (YYYY/MM/DD)			

This information is collected under the authority of *The Electricians' Licence Act, The Gas and Oil Burner Act, The Power Engineers Act,* and *The Steam and Pressure Plants Act* and is to be used for examination and licensing purposes. Your personal information is protected by *The Freedom of Information and Protection of Privacy Act.* If you have questions about the collection of information, contact Inspection and Technical Services Manitoba, at 508-401 York Ave, Winnipeg, MB R3C 0P8 or call (204) 945-3373.