

# APPLICATION FOR AUTHORIZATION

## To Conduct Hearing Tests Under Occupational Health & Safety Regulation 7.8

Please complete this form and fax to: WorkSafeBC Hearing Loss Prevention Section, 604 276-3106

### Applicant information

Name as it will appear on authorization <i>(please print)</i>		Certificate number <i>(for refresher courses only)</i>	
Date of birth <i>(yyyy-mm-dd)</i>	Social insurance number	Home phone number <i>(include area code)</i>	
Home address			
City		Province	Postal code
Job title/occupation			
Training course completion date <i>(yyyy-mm-dd)</i>		Refresher course completion date <i>(yyyy-mm-dd)</i>	
<b>OR</b>			
Signature of applicant		Date <i>(yyyy-mm-dd)</i>	
Email me when certification number has been issued Yes <input type="checkbox"/> No <input type="checkbox"/>		Email address	

### Employer information

Employer name		Contractor number <i>(if applicable)</i>	
Employer mailing address		Division or work location	
City	Province	Postal code	
Telephone number <i>(include area code)</i>		Fax number <i>(include area code)</i>	

### Supervisor of hearing conservation program OR hearing test contractor owner

Name <i>(please print)</i>	
Signature	Date <i>(yyyy-mm-dd)</i>

### For WorkSafeBC use only — student evaluation scores

1. Training course			2. Refresher course
Practicum	Written	Homework	Practicum

