



Government Services

APPLICATION FOR EXAMINATION AS A MEDICAL GAS INSTALLER

Telephone: (709) 729-2747

Facsimile: (709) 729-2071

I, _____
(full name in Block Letters)

_____ (Date of Application)

_____ (No. and Street Address)

_____ (City or Town)

hereby make application for examination for certification as a medical gas installer under the provisions of the Boiler, Pressure Vessel and Compressed Gas Regulations, 1996, and CSA Standard Z305.1.

EDUCATION AND EXPERIENCE:

(1) Education Level Obtained: _____

(2) Trade Certificate in Plumbing and/or Pipefitting: _____ (No.)

(3) Trade Certificate other than Newfoundland: _____

(4) Brazer's Certificate of Proficiency: _____ (Index No.)

(5) Trade Experience:

	Employer	Nature of Work	From	To
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____

Signature of Applicant: _____

_____ Payment Received

This Section to be Completed by Company Representative:

I hereby certify that _____ has been employed by _____

from _____ to _____

_____ Signature of Company Official

_____ Date