



Office of the Fire Commissioner

Inspection and Technical Services
500-401 York Avenue
Winnipeg, Manitoba, Canada R3C 0P8
Phone: (204) 945-3373
Fax: (204) 948-2309

Application for Power Engineer Examination
The Power Engineers Act

ITSM Form 01

I. Personal Information (PLEASE PRINT)

FIRST NAME	MIDDLE INITIAL	SURNAME	
ADDRESS		CITY/TOWN	POSTAL CODE
MAILING ADDRESS		PRIMARY PHONE	CELL PHONE
E-MAIL ADDRESS		SOCIAL INSURANCE NUMBER	

II. Employment and Certificate Information

CURRENT JOB TITLE	NAME AND ADDRESS OF EMPLOYER		
DO YOU HAVE A MANITOBA CERTIFICATE? <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, provide certificate details)	CERTIFICATE CLASS	CERTIFICATE NUMBER	ISSUE/ EXPIRY DATE (YYYY/MM/DD)

III. What Exam are you applying to write?

CLASS	A1	A2	A3	A4	B1	B2	B3	B4
1st Class Power Engineer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/> *
2nd Class Power Engineer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/> *	
3rd Class Power Engineer	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> *	<input type="checkbox"/> *		
4th Class Power Engineer	<input type="checkbox"/>				<input type="checkbox"/> *			
5th Class Power Engineer	<input type="checkbox"/> *							
Refrigeration Class	<input type="checkbox"/> *							
Special Boiler Operator Class	<input type="checkbox"/> *							
Steam Traction Engine Class	<input type="checkbox"/> *							
Special Qualification Class	<input type="checkbox"/> *							

*Verification of operating experience required with application.

First request to write exam.

Request to rewrite exam previously written on: _____
(YYYY/MM/DD)

IV. Exam Fee

The exam fee is \$60. Payment method:

Cash (in person only) *Money Order

*Cheque **Credit Card

*Cheques and Money Orders payable to **MINISTER OF FINANCE**
**Attach Credit Card Authorization Payment Form if paying by Credit Card

V. Requested Exam Location and Date

Exam schedule available at: www.firecomm.gov.mb.ca

Select preferred location of exam:

Winnipeg

Brandon

Other: _____

Requested exam dates: _____
(YYYY/MM/DD)

VI. Verification Documents

Submit a copy of the Employer Verification of Experience ITSM Form 03 with this application.
(Required for 1st to 5th Power Engineer, Special Boiler Operator, Steam Traction Engine, and Refrigeration Class applications).

Submit a copy of your certificate of qualification or transcript with this application.

SIGNATURE OF APPLICANT	DATE (YYYY/MM/DD)
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INSPECTION AND TECHNICAL SERVICES OFFICE USE ONLY

<input type="checkbox"/> Examination Approved <input type="checkbox"/> Exam Fee Received <input type="checkbox"/> Other (see comments)	COMMENTS	SIGNATURE
		DATE (YYYY/MM/DD)

