

**Application for Authorization****to conduct hearing tests under *Occupational Health & Safety Regulation 7.8*****Applicant Information**

Name as it will appear on authorization (print):

**Certificate # (for Refresher Courses only):**

Date of Birth (day/month/year):

Social Insurance Number:

Home Phone:

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Home Address:

City:

Province:

Postal Code:

Job Title/Occupation:

Training Course Completion Date:

**OR**

Refresher Course Completion Date:

Signature of Applicant:

Date:

**Employer Information**

Employer Name:

Contractor # (if applicable):

Employer Mailing Address:

Division or Work Location:

City:

Province:

Postal Code:

Phone:

Fax:

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**Supervisor of Hearing Conservation Program OR Hearing Test Contractor Owner:**

Name (print):

Signature:

Date:

**For Office Use Only—Student Evaluation Scores:**

1. Training Course

practicum:

written:

homework:

2. Refresher Course

practicum: