



<i>*Office Use Only*</i>
No.
Date Of Issue:

Application for Registration as Distribution Electrical Operator Supervisor

To: Training & Conference Coordinator
 The MEARIE Group
 3700 Steeles Avenue West, Suite 1100
 Vaughan, ON L4L 8K8

This application is submitted on behalf of:

EMPLOYEE NAME			
<i>First Name</i>	<i>Last Name</i>		
EMPLOYER NAME			
MAILING ADDRESS			
<i>Street</i>	<i>City</i>	<i>Province</i>	<i>Postal Code</i>

Basis for Application

An eligible applicant:

- 1) has successfully completed The MEARIE Group's Electrical Operator Supervisor Training Program;
- 2) has attained supervisory status in accordance with the utility's requirements;
- 3) is competent in directing work in a safe and proficient manner, in all areas listed below:
 - Operate a power system to maintain performance within established guidelines;
 - Apply operating practices and safety standards;
 - React to power system disturbances; and direct restoration operations;
 - Prepare operating records and reports;
 - Direct communicate effectively with customers, other utilities, other work groups, fire, police, and the media as necessary, within the utility's guidelines.

*If part of this work experience was with a different utility(s) or company(s) complete the following:

NAME OF LDC/UTILITY		
DATES:	From:	To:
NAME OF LDC/UTILITY		
DATES:	From:	To:

I hereby certify, as a duly authorized signatory on behalf of the employing LDC/company, that the above employee meets all of the above listed requirements for registration as a Distribution Electrical Operator Supervisor.

NAME	TITLE
SIGNATURE	DATE
UTILITY/COMPANY	