



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

Application for Registration as Powerline Technician

COURSE GRADUATE

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

This application is submitted on behalf of:

APPLICANT INFORMATION			
EMPLOYEE NAME			
<i>First Name</i>	<i>Last Name</i>		
MAILING ADDRESS			
<i>Street</i>	<i>City</i>	<i>Province</i>	<i>Postal Code</i>
CONTACT DETAILS			
<i>Phone No.</i>		<i>Email Address</i>	

EMPLOYER INFORMATION			
EMPLOYER NAME			
MAILING ADDRESS			
<i>Street</i>	<i>City</i>	<i>Province</i>	<i>Postal Code</i>
CONTACT NAME			
<i>First Name</i>		<i>Last Name</i>	
CONTACT DETAILS			
<i>Phone No.</i>	<i>Fax No.</i>	<i>Email Address</i>	

Lines Skills Training

Supply the following information to document the formal skills training of the applicant:

NOTE: Supply certified clear copies of each document (fax copies not acceptable). Originals may be requested deemed necessary.

1. Certificate of Achievement from The MEARIE Group’s Training Course.
2. Proof of hours of job related experience in the form of an authenticated apprenticeship log book of similar confirmation from past employers.

You must have as a minimum:

- completed formal training of The MEARIE Group’s Powerline Technician course.
- acquired 8000 hours job related electrical line work experience (four years minimum)



Employment History

(where applicant worked as Apprentice and /or Journeyperson)

FIRM:				
MAILING ADDRESS				
Street	City	Province	Postal Code	
DATES:	From:	To:		
CONTACT:	Last Name			
First Name				
CONTACT DETAILS:	Email Address			
Phone No.				

FIRM:				
MAILING ADDRESS				
Street	City	Province	Postal Code	
DATES:	From:	To:		
CONTACT:	Last Name			
First Name				
CONTACT DETAILS:	Email Address			
Phone No.				

FIRM:				
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Street	City	Province	Postal Code	
DATES:	From:	To:		
CONTACT:	Last Name			
First Name				
CONTACT DETAILS:	Email Address			
Phone No.				

Use separate page to show any other employers. Please note that the 8000 hours (four year minimum) experience requirement must be documented.

I certify to the validity of the information contained in this application.

APPLICANT NAME
APPLICANT SIGNATURE



Employers Certification Of Skills

We hereby certify that the applicant is competent to work in a safe and proficient manner in each of the following checked areas:

- Installation and maintenance of single and three phase services, both primary and secondary
- Installation and connection of single and three phase transformers
- Installation and connection of primary and secondary overhead lines
- Installation, erection and setting of poles and structures (wood, concrete, steel or aluminum)
- Working on or near energized lines using approved live-line protective devices, procedures and techniques
- Operation and isolation of primary and secondary underground systems
- Operation of a radial boom derrick
- Operation of an insulated aerial device
- Knowledge of the EUSA RULE BOOK – ELECTRIC UTILITY OPERATIONS

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 Powerline Technician.

NAME	TITLE
SIGNATURE	DATE
UTILITY/COMPANY	

The information requested in this application is for the sole purpose of determining the qualifications and suitability of the applicant

for certification as a Powerline Technician Journey person

by The MEARIE Group