Yukon Workers' Compensation Health and Safety Board

APPLICATION FOR YUKON FIRST LINE SUPERVISOR'S CERTIFICATE

401 Strickland Street, Whitehorse, Yukon, Y1A 5N8 Telephone: (867) 667-5645 Toll free: 1-800-661-0443 Fax: (867) 393-6279 Web: www.wcb.yk.ca

PRE-REQUISITE TO APPLY/RENEW FOR CERTIFICATE

□ APPLICATION □ RENEWAL

* You must have a minimum 2 years of experience in the field in which you apply to supervise

* You must have a valid Standard First Aid Certificate as a minimum

□ SURFACE		□ PLACER	□ EXPLORATION	
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APPLICANT'S INFORMATION		PRESENT EMPLOYMENT	
Last Name		Employer	
First Name		Contact	
Address		Address	
City		City	Territory/Prov.
Territory/Prov.	Postal Code	Postal Code	Telephone #
Telephone #		Type of work performed by applicant From : (YY/MM/DD) to present	

CERTIFICATION

First Aid Certificate #	Do you currently have a valid supervision ticket in another jurisdiction?
Type of Ticket	If "Yes", provide number and origin of ticket
Expiry Date	

A copy of First Aid Certificate must accompany this application $\ \square$

PREVIOUS 2 YEARS WORK HISTORY

From : T	0(YY/MM/DD)	From : To	D(YY/MM/DD)
Type of work performed by applicant		Type of work performed by applicant	
Employer		Employer	
Contact Telephone #		Contact	Telephone #
Address		Address	
City		City	
Territory/Prov.	Postal Code	Territory/Prov.	Postal Code

APPLICANT'S SIGNATURE			
Dated at	_ this	_ day of	_ 20
Signature			

CONTRACT MANAGER'S CERTIFICATION

I hereby certify that, to the best of my knowledge and belief, the above-stated applicant has a minimum of at least 2 years experience in the field in which they are applying to supervise, and that the applicant's training, knowledge, and experience qualifies him/her as a competent candidate for the First Line Supervisor's final exam.

(applicant's name) has completed the online course and has achieved the required "on the job" competencies. (A copy of the online certificate and competency documentation must accompany this application.)

Dated at			Contract Manager	
		location	-	please print
this	day of	20	Signature	

MINE MANAGER'S CERTIFICATION

I hereby certify that, to the best of my knowledge and belief, the above-stated applicant has a minimum of at least 2 years experience in the field in which they are applying to supervise, and that the applicant's training, knowledge, and experience qualifies him/her as a competent candidate for the First Line Supervisor's final exam. **The Mine Manager is required to sign all applications.**

_____(applicant's name) has completed the online course and has achieved the required "on the job" competencies. (A copy of the online certificate and competency documentation must accompany this application.)

Dated at				Mine Managerplease print	
this	day of		20	Signature	

This information is being collected under the authority of the Occupational Health and Safety (OHS) Act and the Access to Information and Protection of Privacy Act for the purposes of administering and enforcing the OHS Act and Regulations. If you have any questions about the collection of this information, please contact the Privacy Officer at YWCHSB at the above listed address or call (867) 667-5645 or 1-800-661-0443.