

Application for Authorization to Conduct Hearing Tests Under Occupational Health & Safety Regulation 7.8

Use the Submit button below to send the completed form to Occupational Audiology at WorkSafeBC, or email to IndustrialAudiometrics@worksafebc.com

Applicant information

Name as it will appear on authorization	Certificate number (for refresher courses only)	Date of birth (yyyy-mm-dd)	Home phone number	
Home address		City	Province	Postal code
Job title/occupation	Training course completion date (yyyy-mm-dd)	Refresher course completion date (yyyy-mm-dd)		
Signature of applicant		Or		
Date of signature (yyyy-mm-dd)		Email me when certification number has been issued <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Email address		

Employer information

Employer name	Division or work location		
Industrial audiometric business (IAB) number	Telephone number	Fax number	
Employer mailing address	City	Province	Postal code

Supervisor of hearing conservation program OR industrial audiometric business

Signature	Date of signature (yyyy-mm-dd)
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For WorkSafeBC use only – student evaluation scores

1. Training course			2. Refresher course	
Practicum	Written	Homework	Practicum	

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's FIPP Office, at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or email FIPP@worksafebc.com, or call 604.279.8171.