

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

Please complete this form and **fax** to WorkSafeBC Hearing Loss Prevention Section, **604.276.3106**.

Hearing Loss Prevention Section

Phone 604.232.7149

Toll-free 1.888.621.7233, ext. 7149

Fax

604.276.3106

Mail

WorkSafeBC Hearing Loss Prevention Section

PO Box 5350 Stn Terminal

Vancouver BC V6B 5L5

**Applicant information**

Name as it will appear on authorization <i>(please print)</i>		Certificate number <i>(for refresher courses only)</i>	
Date of birth <i>(yyyy-mm-dd)</i>		Home phone number <i>(include area code)</i>	
Home address			
City		Province	Postal code
Job title/occupation			
Training course completion date <i>(yyyy-mm-dd)</i>		Refresher course completion date <i>(yyyy-mm-dd)</i>	
OR			
Signature of applicant		Date <i>(yyyy-mm-dd)</i>	
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
Employer mailing address		
City		Postal code
Province		
Telephone number <i>(include area code)</i>		Fax number <i>(include area code)</i>

Supervisor of hearing conservation program OR industrial audiometric business

Name <i>(please print)</i>	
Signature	Date <i>(yyyy-mm-dd)</i>

For WorkSafeBC use only — student evaluation scores

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

