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www.tssa.org

Petroleum Mechanics

Practical Skills/Experience Sign-Off Documentation for PM1, PM2, PM3 and PM4 Certificates

Effective February 1, 2009

Note: Making a false statement may result in a fine and/or revocation of authorization. Failure to provide required information will result in delayed processing of certificate.

Applicant First and Middle Name: (in full) PLEASE PRINT				Signature of applicant:
Last name:				Date (mm-dd-yyyy):
Complete Mailing Address:				Certificate(s) applying for: please check:
				□ PM1 □ PM2 □ PM3 □ PM4
City:			Province:	Please Note:
Postal Code	e: Area Code a		and Telephone Number:	The signing authority shall be one of the following choices as detailed:
Date of Birth: Year/Month/Day				1) Supervising Certificate Holder OR
Date of Difth. Teal/Month/Day				2) Company or Employer Authority
1)The signing authority shall be a Supervising Certificate Holder as outlined:				1) Supervising Certificate Holder: Print name:
PM1 training and supervising a PM1 applicant				
PM2 training and supervising a PM2 applicant				Certificate number:
PM3 training and supervising a PM3 or PM4				
2) The signing authority shall be a Company or Employer authority: Company owner, President, Chief Executive Officer (CEO) or manager. The company or employer shall have an PM certificate holder on staff: PM1 for PM1, PM2 for PM2, PM3 for PM3 & PM4 applicant				2) Company Name:
Print name of company certificate holder:				Company Authority: Print Name:
Certificate number:				Title:
Proof of Field Experience in				
Certificate category			Supervising Certificate Ho Signature for Certificate Ca	Ider or Company Authority ategory
PM1	1000 hours		-	
PM2	2000 hours			
PM3	500 hours			
PM4	100 hours*			

*Note: hours for PM4 certification can be credited towards PM3 certification