



Application for Certification as an Exposure Device Operator

Mr. Mrs. Ms.

Name: _____ / _____ / _____
(Please Print) Surname Given Name Middle Name

Address: _____
(Please Print)

_____ / _____ / _____
City Province Postal Code

Telephone: (____) _____ - _____ Ext ____ **NRCAN Registration No.:** _____

Employer: _____
(Please Print)

Address: _____
(Please Print)

_____ / _____ / _____
City Province Postal Code

Telephone: (____) _____ - _____ Ext ____ **Fax:** (____) _____ - _____

With your application you should submit:

- the required fee for certification (made out to the Receiver General for Canada)
- a statement of completion of the vocational training program from a recognized institution
- a statement of successful completion of the written examination from Natural Resources Canada (NRCAN)
- a statement of completion of an apprenticeship program from a licensee
- a statement of successful completion of the practical examination from a licensee or a recognized institution
- alternatives to the education, training and experience above

Declaration of Medical Fitness and Consent to Keep Personal Information

I hereby certify that, to the best of my knowledge, I have no known medical conditions that could unreasonably impair my ability to operate an exposure device safely.

Furthermore, I hereby give my consent to the Canadian Nuclear Safety Commission (CNSC) to keep and share with the Non-destructive Testing (NDT) Certifying Agency of NRCAN, and with my employers, information on my qualifications or other information on which a decision on my certification or decertification as an Exposure Device Operator may be made. I understand that personal information kept by the CNSC is protected under the *Privacy Act*, is retained in the Personal Information Bank CNS PPU 060, and cannot be disclosed to other parties without my written consent. I also understand that Sections 24 to 29 of the *Nuclear Substances and Radiation Devices Regulations* and Sections 21(e) and 22 of the *CNSC Cost Recovery Fees Regulations* apply to the certification process for exposure device operators.

Signature: _____ **Date:** ____ / ____ / ____
Month Day Year

<p>Submit this application and the required fee to: Accounting Operations Section Finance and Administration Division Canadian Nuclear Safety Commission P.O. Box 1046, Station B Ottawa, ON K1P 5S9 Tel: 1-800-668-5284, Fax: (613) 995-5086</p>	<p>For information on EDO certification, contact: Director, Personnel Certification Division Directorate of Assessment and Analysis Canadian Nuclear Safety Commission P.O. Box 1046, Station B Ottawa, ON K1P 5S9 Tel: 1-800-668-5284</p>
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For CNSC Use Only

NRCAN Registration No.

Received ____ / ____ / ____
Month Day Year

Attached

Cost Recovery Fee

Evidence of vocational training

Written examination results

Evidence of apprenticeship

Practical examination results

Other

Certification

Issued ____ / ____ / ____
Month Day Year

Refused ____ / ____ / ____
Month Day Year

