



# Application for Competency Review

Applicant:  Ms.  Mrs.  Mr.

Name: \_\_\_\_\_  
(In full) Last Name First Name Middle Name

Home Address: \_\_\_\_\_  
Address City/Town Province Postal Code

Mailing Address: \_\_\_\_\_  
(If different) Address City/Town Province Postal Code

Work Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Email address: \_\_\_\_\_ Date of Birth \_\_\_\_\_

\*The personal information requested on this form is being collected for the purpose of managing the Safety Codes Council client database to ensure contact information is accurate and complete. The personal information is being collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be managed in accordance with the privacy provisions under that Act. Some personal information may be disclosed to contracted service providers for SCC research purposes. No personally identifying information will be published. If you have questions concerning the collection of this information, please contact the Manager of Policy and Legislation at the Safety Codes Council, using the contact information below..

**Information Required** Resume  Copy of Journeyman  Supporting Documents  Copy of Certificates

**Disciplines Requested for Entrance Evaluation** (check all that apply)

Building  Electrical (A or B)  Gas  Plumbing  Fire

**Payment Method**

MASTERCARD  VISA  DEBIT  CASH  CHEQUE *payable to Safety Codes Council*

Cardholder Name: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Payment Total: **\$75\***

**Payer Information:**  
(if different from applicant)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\*\$75 will be deducted from your first certification, if applicable

**Declaration**

I hereby certify that all the necessary documentation is complete and accurate. I acknowledge that any misrepresentation or false claim made as part of this application may result in rejection or cancellation or suspension of any certificate granted.

**Notes:**  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
**Applicant's Signature:**  
\_\_\_\_\_

**Return completed form to:**

**Safety Codes Council**  
1000 – 10665 Jasper Ave NW  
Edmonton, Alberta T5J 3S9

Phone: 780-413-0099, or toll free in Alberta 1-888-413-0099  
Email: Certification@safetycodes.ab.ca

**For Office Use Only**  
File #: \_\_\_\_\_  
Application #: \_\_\_\_\_