

<b>I. Course Information</b>				<b>(PLEASE PRINT)</b>
PROGRAM NAME	TRAINING PROVIDER	CLASS LEVEL		
ADDRESS		CITY/TOWN		
PROVINCE, POSTAL CODE	PHONE NUMBER	FAX NUMBER		
E-MAIL ADDRESS				
<b>II. Contact Information</b>				
POSITION	NAME			
MAILING ADDRESS			PHONE NUMBER	
<b>III. Course Hours</b>				
NUMBER OF WEEKS		<b>BREAKDOWN OF COURSE HOURS</b>		
NUMBER OF HOURS A WEEK		THEORY		
TOTAL NUMBER OF HOURS		POWER LAB (IF APPLICABLE)		
HOW MANY TIMES WILL THE COURSE BE OFFERED IN A YEAR AND WHEN?		PRACTICUM PLACEMENT (IF APPLICABLE)		
<b>IV. Course Objectives</b>				
<b>SIGNATURE OF CONTACT PERSON</b>			<b>DATE</b> (YYYY/MM/DD)	
<b>INSPECTION AND TECHNICAL SERVICES OFFICE USE ONLY</b>				
<input type="checkbox"/> COURSE APPROVED  <input type="checkbox"/> OTHER (SEE COMMENTS)	COMMENTS		SIGNATURE	
			DATE (YYYY/MM/DD)	

This information is collected under the authority of *The Power Engineers Act* to be used for examination and licensing purposes. If you have questions about the collection of information, contact Inspection and Technical Services, 508-401 York Avenue, Winnipeg, MB R3C 0P8 or call (204) 945-3373.