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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: <input type="checkbox"/> PM1 <input type="checkbox"/> PM2 <input type="checkbox"/> PM3 <input type="checkbox"/> PM4		
City: _____ Province: _____		Please Note: The signing authority shall be one of the following choices as detailed: 1) Supervising Certificate Holder OR 2) Company or Employer Authority		
Postal Code: _____	Area Code and Telephone Number: _____			
Date of Birth: Year/Month/Day _____				
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		Certificate number: _____		
PM2 training and supervising a PM2 applicant				
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 Hours				
Certificate category	Minimum field experience required	Supervising Certificate Holder or Company Authority Signature for Certificate Category		
PM1	1000 hours			
PM2	2000 hours			
PM3	500 hours			
PM4	100 hours*			

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