

Renewal Application - Blaster Certification

PLEASE PRINT

Office use only: Registration # _____

Application # _____

RE-CERTIFICATION COURSE

Please indicate a first choice. If choosing Option # 2 as your first choice, please also indicate a second choice.

You have two options for the Re-certification course:

Option #1: Attend a day-long course (8:30 AM to 4:30 PM) in a classroom setting. The total fee for this option is \$146.72 and includes the tuition fee of \$81.18 for the course and a certificate renewal fee of \$65.54.

Option #2: Attend a two-evening course (6 PM to 9 PM) through a webcast in a Nova Scotia Community College (NSCC) computer lab (Halifax, NSCC Online Learning in Bayer's Lake or Sydney, Marconi Campus) or Online, from your home or work location. There is no tuition fee for this option. However, participation is limited to fifteen (15) individuals and available on a first-come, first-served basis. The total fee for this option is \$65.54 and includes the certificate renewal fee. An e-mail address is required for this option. If all fifteen (15) seats are filled when your application is received, you will be registered for your second choice and required to pay the remainder tuition fee of \$81.18 for the classroom course.

My first choice is:

Option # 1: Classroom (total fee \$146.72)

Please indicate the location and date you prefer:

- Kentville, March 4, 2010 Dartmouth (Akerley), March 10, 2010
 Truro, March 5, 2010 Port Hawkesbury, March 23, 201

Option # 2: Online (limit of 15 seats, total fee \$65.54)

Please indicate the location you prefer:

- Halifax (Bayer's Lake) webcast, March 9 and 11, 2010
 Sydney (Marconi) webcast, March 9 and 11, 2010
 Online (home or work) webcast, March 9 and 11, 2010

My second choice is (please fill out only if your first choice is Option #2):

Option # 1: Classroom (total fee \$146.72)

Please indicate the location and date you prefer:

- Kentville, March 4, 2010 Dartmouth (Akerley), March 10, 2010
 Truro, March 5, 2010 Port Hawkesbury, March 23, 2010

Personal Information

Last Name			Former Last Name (if applicable)			
First Name			Middle Name (no initials)			
Social Insurance No.	Date of Birth	Year	Month	Day	Gender	M <input type="checkbox"/> F <input type="checkbox"/>
Home Mailing Address			Apt. No.		E-mail	
City/Town		Province			Postal Code	
Home Phone No.		Business Phone No.			Cell Phone No.	

Credential

Blaster Certification	1 st class <input type="checkbox"/>	2 nd class <input type="checkbox"/>	3 rd class <input type="checkbox"/>	Blaster Certificate Number
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Fees

- Please enclose your fee payable to the MINISTER OF FINANCE in the amount of \$146.72 (Option #1) or \$65.54 (Option #2) and forward completed application to the address above. **Personal cheques are not accepted and will be returned.**
- Debit** and **Credit** payments are accepted in Halifax, Sydney and Truro Offices.
- DO NOT MAIL CASH** - cash payment is accepted in the Halifax location with exact change only.

Method of Payment: Certified/Business Cheque Money Order Visa Master Card Debit Card Cash

_____ (credit card account number)

_____ (card holder's name)

_____ (expiry date)

_____ (signature)

Is this your credit card? Yes No If No, address for receipt purposes: _____

Declaration - The information I have provided is true and complete in all respects and I have not withheld any relevant information (Note: It is an offence under the *Apprenticeship and Trades Qualifications Act* to provide false information). I understand that all information provided in this application is subject to audit and verification by Labour and Workforce Development, Apprenticeship Training and Skill Development Division.

Release of Electronic Photograph and Signature - I authorize the Department of Service Nova Scotia and Municipal Relations to electronically provide my driver's license or identification card photograph and signature to Labour and Workplace Development, Apprenticeship Training and Skill Development Division for use on my identification card.

Signature of Applicant _____

Client Master Number _____

Date _____

(Nova Scotia Driver's License only)

Application Verified and Approved: Yes No If No, reason: _____

Signature of Support Staff: _____

Date: _____

The Department will hold all personal information provided in confidence.