



Ministry of  
Mining and  
Critical Minerals

## BC Mine Certifications Program Registration for Mine Rescue Certificate



**Please note:** The information provided on this application form is entered into the BC Mine Certifications Registry to issue and mail your certificate. If this information is incomplete, or incorrect, it may lead to delays in receiving your certificate. **Complete all fields and print clearly.**

### Section A: Applicant information

#### Application type, check all that apply

Surface - Basic	Underground - Basic	Gravel - Basic	Re-Certification
Surface - Advanced	Underground - Advanced	Gravel - Advanced	

#### Applicant information

Legal last name:	Legal first name:
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Middle name	Gender	Date of birth (yyyy-mm-dd)
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Mailing address/PO Box [Verify with Canada Post:](#)

City:	Province:	Postal code:
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Phone number:	Email address (Use personal email):
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Do you currently work at a mine? No      Yes	If yes, provide the name of the mine:
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Current occupation:	Years of mining experience:	Experience: Surface Underground
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Mine site phone number:	Mine site contact email:
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Mine manager's name:

#### List any previous mine rescue experience:

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First Aid and Transportation Endorsement certificate details		
First Aid level:	Certificate No.:	
Issue date (yyyy-mm-dd):	Expiry date (yyyy-mm-dd):	
Transportation Endorsement certificate No. (if applicable):		
Issue date (yyyy-mm-dd):	Expiry date (yyyy-mm-dd):	
Section B: Training and exam results – For instructor use only		
Training Information		
Hours of training completed:	Type of breathing apparatus:	
Pulse before wearing apparatus:	Pulse after wearing apparatus:	
Applicant Evaluation		
Interim test one score	Interim test two score	Interim test three score
Final written exam date (yyyy-mm-dd):	Examination score	
Final practical exam date (yyyy-mm-dd):	Examination score	
Overall score (combined written and practical score, divided by two)		
Section C: Signatures		
Applicant name (printed)	Applicant signature	Date signed (yyyy-mm-dd)
Instructor name (printed)	Instructor signature	Date signed (yyyy-mm-dd)
Examiner name (printed)	Examiner signature	Date signed (yyyy-mm-dd)

The information on this form is collected by the Ministry of Mining and Critical Minerals under Section 26(c) of the Freedom of Information and Protection of Privacy Act and will be used to process your application for a blasting certification under Part 8 of the Health, Safety and Reclamation Code for Mines in British Columbia. If you have any questions about the collection of personal information, please contact [Mine.Certifications@gov.bc.ca](mailto:Mine.Certifications@gov.bc.ca).