Manitoba
Inspection and Technical Services
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Statutory Declaration of Experience Elevating Device Mechanic
The Technical Safety Act

ITS-ED Form 29

I, _____ of the _____ in the Province of Manitoba, do solemnly declare that the
(Printed Name) (City/Town)
competencies initialed in Section A accurately reflect the elevating device work for which I have received training and gained practical experience, and that I have completed approximately X hours of practical experience in the declared scope of work.

I understand that declaring competencies beyond my training or practical experience may result in licensing action under The Technical Safety Act and The Technical Safety Regulation, and that knowingly making a false or misleading declaration constitutes misrepresentation. I further understand that performing work outside of my declared scope may require additional education, training or authorization under Schedule C, Part 6 of The Technical Safety Regulation.

Section A: Declared Scope Elevating Device Experience

Initial each device type and type of work for which you have sufficient training and practical experience to perform the work safely.

CSA B44 Elevators and Escalators (Requires 9,000hrs)	**Install/Construct**	**Maintenance**	**Repair/Service**	**Alterations**
Passenger Elevators: Electric				
Passenger Elevators: Hydraulic				
Freight Elevators: Electric				
Freight Elevators: Hydraulic				
Escalators/Moving Walks				
Limited Use/Limited Application (LULA)				
CSA B355 – Platform lifts and stair lifts for barrier-free access (Requires 3,600hrs)	**Install/Construct**	**Maintenance**	**Repair/Service**	**Alterations**
Chair carriages				
Platforms standing and wheelchair				

And I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Applicant Signature: _____ **Initials:** _____ **Date** (yyyy/mm/dd): _____

Employer / Supervisor Declaration

I, _____ of the _____ in the Province of Manitoba, do solemnly declare that the
(Printed Name) (City/Town)
to the best of my knowledge and based on my supervision and employment of the above-named individual, I agree with the declared scope of competencies and experience above. I understand that:

- this declaration is not a certification or assessment of technical competency by Inspection and Technical Services; and
- I further understand that work outside of the declared scope requires additional education and training as per *Schedule C Part 6 of The Technical Safety Regulation*.

Company Name: _____ **Employer Signature:** _____

Licence #: _____ **Date** (yyyy/mm/dd): _____

Commissioner of Oaths

Declared before me at _____ in the Province of Manitoba, this ____ day of _____, 20___.

_____ _____
Signature A Commissioner for Oaths in and for the Province of Manitoba