

**REQUEST FOR EXTENSION TO INDUSTRIAL
AUDIOMETRIC TECHNICIAN AUTHORIZATION**

Please complete this form and **FAX** to WorkSafeBC Hearing Loss Prevention Section, **604 276-3106**. Your request will be processed and the result will be faxed back to you.

HEARING LOSS PREVENTION SECTION

Phone 604 276-3090

Toll-free 1 888 621-7233, ext. 3090

FAX**604 276-3106****MAIL**

WorkSafeBC Hearing Loss Prevention Section

PO Box 5350 Stn Terminal

Vancouver BC V6B 5L5

Industrial audiometric technician (IAT) information

Name	IAT certificate number
Reason for request for extension	
Planned refresher date (yyyy-mm-dd)	Date of request (yyyy-mm-dd)
For course information, consult BCIT at http://courses.bcit.ca/OCHS0330,OCHS3330	

Employer information

Employer name	Contractor number (if applicable)
Division	
City	
Telephone number (please include area code)	Fax number (please include area code)

Result of request

Request reviewed and Approved <input type="checkbox"/> Denied <input type="checkbox"/>	If denied, reasons for denial
NEW expiry date of authorization (yyyy-mm-dd)	Date of review (yyyy-mm-dd)
Name of reviewer (please print)	Signature of reviewer

WorkSafeBC use only

Certificate print requested <input type="checkbox"/> GCS updated <input type="checkbox"/>

