



## Application for Renewal of Exposure Device Operator (EDO) Certification Expiring between February 1, 2015 and May 31, 2015

Mr.  Mrs.  Ms.

Please print

Name: \_\_\_\_\_  
Surname Given name Middle name

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell phone no. : \_\_\_\_\_

Email: \_\_\_\_\_ NRCan registration no.: \_\_\_\_\_

**Please provide the employer information below for your most recent work as a certified EDO.**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Date of most recent work as a certified EDO: \_\_\_\_\_  
YYYY / MM / DD

### Privacy notice statement

The personal information on this form is required for the purpose of renewing exposure device operator (EDO) certifications. Sections 24–38 of the *Nuclear Substances and Radiation Devices Regulations* apply to operators and licensees of exposure devices. Certified EDOs are required to renew their certification every five years to demonstrate they have retained the knowledge and skills required to safely operate exposure devices. The collection of the information is mandatory and is protected by the provisions of the *Privacy Act*. If the noted information is not submitted to the Canadian Nuclear Safety Commission (CNSC) prior to expiry, the CNSC may not be able to renew the certification. The information is collected and used for the following purposes: 1) to ensure that the EDO has retained the knowledge and skills required to safely operate an exposure device; 2) to maintain a registry of EDOs certified to operate exposure devices in Canada; and 3) to provide the National Non-Destructive Testing (NDT) Certification Body of Natural Resources Canada (NRCan) a copy of the person's renewal of certification letter. The personal information collected for the Licensing and Certification Program-Personnel Certification is described in the [Exposure Device Operator](#) personal information bank CNSC PPU 060 in the CNSC Info Source Chapter.

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**Declaration of medical fitness and consent to keep personal information**

I hereby certify that, to the best of my knowledge, I have no known medical conditions that could unreasonably impair my ability to operate an exposure device safely.

Furthermore, I hereby give my consent to the Canadian Nuclear Safety Commission (CNSC) to share with the National Non-Destructive Testing (NDT) Certification Body of Natural Resources Canada a copy of my renewal of certification letter.

NOTE: Section 48(d) of the *Nuclear Safety and Control Act* states that it is an offence to make a false or misleading written or oral statement to the CNSC, a CNSC designated officer or a CNSC inspector.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
YYYY / MM / DD

**Submit this application form to:**

Personnel Certification Division, Directorate of Safety Management  
Canadian Nuclear Safety Commission  
P.O. Box 1046, Station B  
Ottawa, ON K1P 5S9  
Tel: 1-800-668-5284  
Email: [edo-oae@cnsccsn.gc.ca](mailto:edo-oae@cnsccsn.gc.ca)