

# MASTER ELECTRICIAN EXAM

## Notice of Interpreter Attendance

Any individual requiring an Interpreter during the Master Electrician Exam, must EMAIL this form at least **10 days prior** to the exam date for approval. Scheduling and Fees associated in organizing an interpreter are at the expense of the requesting individual.

PLEASE NOTE: ESA does not supply interpreters or have a list of preferred interpreters. Exam takers are encouraged to do their own research to find a suitable interpreter, who meets the following criteria:

- a) Either OCCI (Ontario Coalition for Community Interpreters) accredited or ATIO (Association of Translators and Interpreters of Ontario) certified;
- b) Holds a valid (not expired) certification/accreditation and able to produce it to ESA;
- c) Not in a conflict of interest with the test taker; and
- d) Available for the exam date assigned by ESA.

Test Taker's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number/Email: \_\_\_\_\_

Language Requested: \_\_\_\_\_

### Interpreter's Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Accreditation/Certification Body:  OCCI  ATIO

Accreditation/Certification Number: \_\_\_\_\_

### Exam Information

Date: \_\_\_\_\_ Time: \_\_\_\_\_ :  In-Person  Online

Location: \_\_\_\_\_

Please email this form to [masters.exam@electricalsafety.on.ca](mailto:masters.exam@electricalsafety.on.ca) a minimum of 10 working days prior to exam date.

BY SUBMITTING PERSONAL INFORMATION TO THE ELECTRICAL SAFETY AUTHORITY, OR ITS AGENTS AND SERVICE PROVIDERS, YOU AGREE THAT ESA MAY COLLECT, USE AND DISCLOSE SUCH PERSONAL INFORMATION IN ACCORDANCE WITH ITS PRIVACY POLICY, APPLICABLE LAWS OR PURSUANT TO OUR ADMINISTRATIVE AGREEMENT WITH THE PROVINCE OF ONTARIO AND DISCLOSE SUCH INFORMATION TO THIRD PARTY SERVICE PROVIDERS FOR THE PURPOSES OF ADMINISTERING AND PROCESSING EXAMS AND REPORTING AND STORAGE OF RESULTS (WHICH MAY BE ON SERVERS LOCATED OUTSIDE OF CANADA). If you provide us with the personal information on behalf of another individual, you represent that you have all necessary authority and/or have obtained all necessary consents from such individual to enable us to collect, use and disclose such personal information for the purposes set forth in our Privacy Policy. A copy of our policy is located on our website at [www.esasafe.com](http://www.esasafe.com).

**Office Use Only**

Approved By: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_