(1) **Operator qualifications.** Only persons trained and authorized by the tool manufacturer or by an authorized representative of the tool manufacturer are qualified to instruct and qualify operators for the manufacturer's powder actuated tools.

(2) **Instructor qualifications.** All authorized instructors must have read and be familiar with this standard, and must be capable of:
   a. Disassembling, servicing, and reassembling the tool.
   b. Recognizing any worn or damaged parts or defective operation.
   c. Recognizing and clearly identifying the colors used to identify power load levels.
   d. Using the tool correctly within the limitations of its use.
   e. Training and testing operators prior to issuing a qualified operator's card.

(3) **Instructor's card.** All authorized instructors must have in their possession a valid authorized instructor's card issued and signed by an authorized representative of the manufacturer. The card must be wallet size of approximately 6 x 9 cm (2-1/2 x 3-1/2 in), and the face of the card must bear text similar to that shown in Figure G-1.

(4) **List of instructors.** A list of all instructors authorized by the manufacturer to instruct and qualify operators must be maintained by the tool manufacturer and be made available to the department of labor and industries.

(5) **Revocation of instructor card.** Instructor's card may be revoked by the authorizing agent or the department of labor and industries, if the instructor is known to have issued a qualified operator's card in violation of any regulation contained in this standard. When an instructor is no longer authorized to issue qualified operator's cards, cards must be surrendered to the authorizing agent or the department of labor and industries.

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AUTHORIZED INSTRUCTOR

.................................. Powder Actuated Tools Date ............
(MAKE)

Card No. ................ Social Security No. ................

This certifies that ..................................................
(NAME OF INSTRUCTOR)

has received the prescribed training in the operation and maintenance of
powder actuated tools manufactured by ............................ and
(NAME OF MANUFACTURER)

is qualified to train and certify operators of ...... powder actuated tools.
(MAKE)

Model(s) ..............................................................

Authorized by ..........................................................

I have received instruction by the manufacturer's authorized representative
in the training of operators of the above tools and agree to conform to all
rules and regulations governing the instruction of tool operators.

Date of Birth ...............

..........................................................

(SIGNATURE)

Figure G-1
Sample of Authorized Instructor's Card
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