

LEVEL EXAMINATION APPLICATION

Please print clearly and return to the address noted above

A. Applicant's Information

Registration Number (TWID):					
Legal Last Name:		Legal First Name:		Legal Middle Name (s):	
Date of Birth (YYYY/MM/DD):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Suite Number:	Mailing Address:				
City:		Province: B.C.	Postal Code:		Email:
Daytime Telephone Number: ()		Home Telephone Number: ()		Fax Number: ()	

B. Examination Details

Name of Trade in Which You Wish to Be Examined:		Level:	Is this examination a re-write? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate date of last exam: _____	
Please indicate your preferred location for examination: <input type="checkbox"/> ITA Customer Service <input type="checkbox"/> Chilliwack <input type="checkbox"/> Maple Ridge <input type="checkbox"/> Nanaimo <input type="checkbox"/> Prince George <input type="checkbox"/> Vernon <input type="checkbox"/> Victoria <input type="checkbox"/> Other (please indicate) _____				
Once your application has been processed, a letter will be sent to you confirming details of the location for your examination.				
Please indicate the earliest date that you wish to write this examination (YYYY/MM/DD):				

C. Fees:

There is no fee for the first two level exam attempts or reschedules. There is a \$50 fee on all subsequent attempts.

- Payment made by:
- Credit Card (receipt attached) _____
 Credit card payment can be made online via the Forms & Fees page on the ITA website, if unable to pay online, phone ITA Customer Service.
 - Cheque or money order (attached)
 - Cash or debit (paid in person at ITA)

Privacy Statement

The Industry Training Authority is committed to protecting the privacy of any personal information you may provide when filing an application form with us. The Industry Training Authority will not use or share any personal information provided by the applicants except with the consent of the individual to whom the information relates or as otherwise authorized by the Freedom of Information and Protection of Privacy Act.

Certification and authorization for collection, use and disclosure of personal information

"I certify that the information that I, as an individual applying to either challenge this certification, or be granted Supervision and Sign-off Authority for apprentices in this trade, have provided is accurate and I understand and agree that ITA reserves the right to verify the accuracy of such information. I agree to allow ITA, in accordance with the BC Freedom of Information and Protection of Privacy Act, to use and provide to others the personal information I have provided on this form, as well as any other information necessary, for the purpose of administering the apprenticeship training program I'm seeking to challenge or receive Supervision and Sign-off Authority for, including the application process, program delivery, evaluation and certification. I authorize ITA to provide my personal information for the previously stated purpose to apprenticeship officials in other jurisdictions, my present and future sponsors, educational institutions, private trainers and to other agencies, regulatory authorities and ministries of municipal, provincial and federal governments where the information is necessary for them to fulfill their legal responsibilities and/or manage apprenticeship-related programs. I also authorize ITA to make the status of my certification and apprenticeship publicly available."

Applicant's Signature:		Date : (YYYY/MM/DD)	
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