

# ASSESSOR REGISTRATION

Please print clearly and return to the address noted above

## A. Assessor to Complete

Please indicate if this is a:		Update/Change to a Previous Registration	
New Registration			
Legal Last Name:	Legal First Name:	Legal Middle Name (s):	
Date of Birth (YYYY/MM/DD):	Gender: Male Female		
Suite Number:	Mailing Address:		
City:	Province: B.C.	Postal Code:	Email:
Home Telephone Number: ( )	Cell / Pager Number: ( )	Fax Number: ( )	

## B. Assessor to Complete

Industry Training Program (Trade):	Registration Number (TWID):
Red Seal Certification Number (IP) #:	Issuing Province:

### Certification and authorization for collection, use, and disclosure of personal information inside or outside Canada:

I certify that the information I (as apprentice, sponsor, or employer) have provided is accurate. In accordance with the *Freedom of Information and Protection of Privacy Act*, I authorize the Industry Training Authority to use and disclose the personal information I have provided on this form, as well as any further information necessary, for the purpose of administering the apprenticeship training program, including the application process, program delivery, evaluation, and certification. I authorize the Industry Training Authority to disclose my personal information for the above purposes to other agencies and ministries of the provincial and federal governments, and to apprenticeship officials in other jurisdictions, my present and future sponsors, educational institutions, private trainers, and agencies, whether located inside or outside Canada. I also authorize the Industry Training Authority to make the status of my certification and apprenticeship publicly available. (NOTE: If you have any question about your personal information, contact a Client Service Representative at Industry Training Authority Customer Service at 1.866.660.6011.)

Assessor's Signature:	Date: (YYYY/MM/DD)
ITA entered in AIMS (Staff Signature):	Date: (YYYY/MM/DD)