

Please complete this form and **email it to SkilledTradesBC no later than 15 days after class end-date**. Missing information may delay the process. The completed form should be emailed to examrequest@skilledtradesbc.ca

**1 GENERAL INFORMATION**

Training Provider Name	Training Provider Location	Instructor Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Training Provider Session ID	Program and Level	Start Date (mm/dd/yyyy)	End date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**\*If Applicable, please indicate if student has completed Gap Training.**

**2 TECHNICAL TRAINING RESULTS**

SkilledTradesBC Individual ID #	Legal Last Name	Legal First Name	Result (%)	*Completed Gap Training	SkilledTradesBC Use Only
1				<input type="checkbox"/>	
2				<input type="checkbox"/>	
3				<input type="checkbox"/>	
4				<input type="checkbox"/>	
5				<input type="checkbox"/>	
6				<input type="checkbox"/>	
7				<input type="checkbox"/>	
8				<input type="checkbox"/>	
9				<input type="checkbox"/>	
10				<input type="checkbox"/>	
11				<input type="checkbox"/>	
12				<input type="checkbox"/>	
13				<input type="checkbox"/>	
14				<input type="checkbox"/>	
15				<input type="checkbox"/>	
16				<input type="checkbox"/>	
17				<input type="checkbox"/>	
18				<input type="checkbox"/>	
19				<input type="checkbox"/>	
20				<input type="checkbox"/>	

**3 SIGNATURE**

Signature of authorized representative of the training provider	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>