

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	
Training Provider Session ID	Program and Level	Start Date (mm/dd/yyyy)	End date (mm/dd/yyyy)

***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)