

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 examination attempts. There is a \$50 fee on all subsequent attempts. A \$50 fee will apply if candidates do not provide five business day's notice of cancellation or re-scheduling of an examination.

CHEQUE OR MONEY ORDER made payable to: Industry Training Authority. If you are submitting your application to a government agent office elsewhere in BC, please make your cheques payable to The Minister of Finance and Corporate Relations. CASH and DEBIT CARD accepted only at Customer Service counter; **please do not send cash in the mail.**

Credit Card: VISA Master Card American Express

Card holder name: _____ Card number: _____

Security Number (last three digits on back of card) ___ Expiry date: __/__/__

Card Holder Signature: _____

Certification and authorization for collection and use of personal information:

I certify that the information I (as apprentice or sponsor) have provided is accurate. I authorize the Industry Training Authority to use the personal information on this form as well as any further information provided by me during the application process, apprenticeship training and evaluation for the administration of the apprenticeship training program, program delivery, evaluation, and certification purposes. I authorize the Industry Training Authority to disclose my personal information to other agencies and ministries of the provincial government, my present and future sponsors, educational institutions, private trainers, agencies and ministries of the federal government, and apprenticeship officials in other provinces and territories for the above purposes. I also authorize the Industry Training Authority to make the status of my certification and apprenticeship publicly available. If you have any question about your personal information, you may contact a Client Service Representative at Industry Training Authority Customer Service at 1.866.660.6011.

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