

Please complete this form and print clearly. Mandatory fields are indicated in **BOLD**. Missing information may delay the change process.
 Return completed form to ITA Customer Service (email, fax or mail).

Please indicate the purpose of your request:

Add New Yes No **Change Contact Info** Yes No **Change Primary Contact** Yes No

A. Organization to Complete

Name of Organization:		Organization ID #:
Legal First Name:	Legal Middle Name (s):	Legal Last Name:
Date of Birth (MMM,DD,YYYY): (ITA will use this date to help prevent duplicate registration)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Suite Number:	Mailing Address:	
City:	Province: B.C.	Postal Code:
Phone Number: ()	Secondary Phone Number: ()	Fax Number: ()
How do you want to receive updates from the ITA? <input type="checkbox"/> Email <input type="checkbox"/> Mail Email Address:		

B. Organization Approval

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 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, 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.

Name of Organization Primary Contact:	Signature of Organization Primary Contact:
Date (MMM,DD,YYYY):	