

ITA DirectAccess Registration Form

*****Please print clearly and return with Exam Request Form*****

This form is not to be used for Apprentice and Sponsor Registration

This form is to be used by ITA designated training providers who are organizing an ITA examination for individuals enrolled in a Foundation program. An ITA individual ID number is required by the ITA DirectAccess system to record the exam result. Upon registration as an apprentice, this achievement will be credited towards the individual's apprenticeship.

A. To be completed by the Individual

			Individual ID #: (Leave blank for new registration)		
Legal First Name:		Legal Middle Name (s):		Legal Last Name:	
Date of Birth (YYYY/MM/DD):		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>			
Suite Number:	Mailing Address:				
City:		Province:		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			Do you identify yourself as an aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email Address:			First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/>		

B. To be completed by Training Provider:

Return the Examination Request Form and the ITA DirectAccess Registration Forms 6 weeks prior to the requested examination date.

Training Provider:		Training Provider Contact:	
Exam Type:		Requested Exam Date (MM/DD/YYYY):	

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.

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