

Please print clearly and return to the address noted above

Application Package Instructions

TRADE: FLOOR COVERING INSTALLER (0008)

APPLICATION PACKAGE INFORMATION:

Please review the contents of this package prior to completing.

This package contains all of the information and forms you need to apply to challenge the Inter-Provincial Examination for the trade of **FLOOR COVERING INSTALLER**. The purpose of this package is to assist you in collecting the information necessary for us to complete the assessment of your application. The ITA will assess your work experience and determine whether you qualify to challenge the examination based on the information you supply.

The ITA will process your assessment within *10 days of receipt of your complete information* and will notify you in writing the results of your assessment. Applications will be returned if information is missing. We can not process incomplete applications.

Forms:

1. **Application to Challenge Examination** (page 2 of this package). To be completed by applicant.
2. **Applicant Work Experience Information** (page 3 of this package). To be completed and signed by applicant.
3. **Employer Declaration** (pages 4 & 5 of this package). *Note:* An Employer Declaration form must be completed and signed by any current or previous employers where you have acquired work experience you want assessed as part of your application (see page 3 section B).
4. **Document Checklist** (page 6 of this package) to be completed by applicant.
5. **Statutory Declaration** (pages 8 and 9 of this package) to be completed by applicant *if required*. See page 7 for additional information on Statutory Declarations.

All Documents must be submitted in English. Translations of documents in languages other than English must be done by a Certified Translator

- You are responsible for the cost of translation services.
- For a list of certified translators, contact the Society of Translators and Interpreters of British Columbia, or visit their web site at <http://www.stibc.org/directory.php>.

If you have any questions regarding the completion of this Challenge Assessment application, contact **ITA Customer Service** (see above for contact information) or send an email to: **customerservice@itabc.ca**

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

Is this examination a re-write? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date of last exam: _____	Please indicate the earliest date you are available to write this examination (YYYY/MM/DD): _____
Please indicate your preferred location for examination: <input type="checkbox"/> ITA Customer Service <input type="checkbox"/> Vernon <input type="checkbox"/> Victoria <input type="checkbox"/> Maple Ridge <input type="checkbox"/> Chilliwack <input type="checkbox"/> Prince George <input type="checkbox"/> Other (please indicate) _____	

C. Fees

All Certificate of Qualification or Inter-Provincial (IP) examination challenge applicants must pay a \$120.00 assessment fee to verify previous work experience (time in the trade). There is no additional fee to write the Certificate of Qualification or IP exam. If a re-write is required, there is no fee for the first one, but a \$100.00 fee for all subsequent re-writes.

If you are applying to challenge this certification, you will have 12 months from the date of your ITA approval letter to write and pass the challenge exam. If you have not passed the challenge exam after 12 months, you must reapply.

Payment of Assessment Fee made by:	<input type="checkbox"/> Credit card (receipt attached) or write confirmation number here: _____ <small>Credit card payment can be made online via the Forms & Fees page on the ITA Website. If unable to pay online, phone ITA Customer Service.</small> <input type="checkbox"/> Cheque or money order (attached) <input type="checkbox"/> Cash or debit (paid in person at ITA)
------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

For Office Use Only

Date Screened:	Missing Information	Results
Application Status <input type="checkbox"/> Application Complete – Assigned to Assessor <input type="checkbox"/> Application Incomplete – Returned to Applicant		Hours: Required: 6,840 Reported: Scope: Required: 4 out of 5 tasks Reported:

Please print clearly and return to the address noted above

Applicant Work Experience Information

TRADE: FLOOR COVERING INSTALLER (0008)

A: Applicant Information

Legal Last Name:	Legal First Name:	Legal Middle Name(s):
------------------	-------------------	-----------------------

To qualify to challenge an Inter-Provincial examination as a **Floor Covering Installer**, you must provide proof of having worked a minimum of **6,840 hours** performing the tasks listed on the *Employer Declaration* (page 5). In general your combined work experience should cover at least 70% of the tasks (4 out of 5 tasks) listed in Part 2 of the Employers Declaration (page 5).

B: Employment Summary Information

Name of Organization/Employer(s) *	Dates of Employment	Total # of Hours of Experience
	From: To: (YYYY/MM/DD)	
	From: To: (YYYY/MM/DD)	
	From: To: (YYYY/MM/DD)	
	From: To: (YYYY/MM/DD)	

***Note:** An *Employer Declaration* form (pages 4 and 5) must be completed by each of the Employers listed above. See *Employer Declaration* "Instructions to Employers" for additional information.

C: Signature

Privacy Statement

The Industry Training Authority is committed to protecting the privacy of any personal information you may provide when filing an application form with us. The Industry Training Authority will not use or share any personal information provided by the applicants except with the consent of the individual to whom the information relates or as otherwise authorized by the Freedom of Information and Protection of Privacy Act.

Certification and authorization for collection, use and disclosure of personal information

"I certify that the information that I, as an individual applying to either challenge this certification, or be granted Supervision and Sign-off Authority for apprentices in this trade, 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 I'm seeking to challenge or receive Supervision and Sign-off Authority for, 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."

Applicant Name (Please Print):	Applicant Signature:	Date: (YYYY/MM/DD)
--------------------------------	----------------------	--------------------

APPLICATION TO CHALLENGE INTER-PROVINCIAL EXAMINATION FLOOR COVERING INSTALLER (0008)

Please print clearly and return to the address noted above

Employer Declaration – Part 2

By checking “yes” or “no”, indicate in the “Declaration Response” column whether the applicant performed the following tasks during the period of employment with the organization indicated on Part 1 of the Statutory Declaration. <i>Cross out any tasks that were not performed.</i>	Declaration Response
Occupational Skills <i>Including:</i> Using tools and equipment, Organizing work, Identifying materials, Assessing floor.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Floor Preparation <i>Including:</i> Removing existing floorcovering and accessories, Preparing substrate, Installing underlayment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Carpet <i>Including:</i> Installing carpets, Performing specialized carpet procedures, Installing carpet on stairs, Servicing carpet installations.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Resilient Flooring <i>Including:</i> Installing resilient tiles, Installing resilient sheet goods, Performing specialized resilient flooring procedures, Installing specialty flooring products and accessories, Servicing resilient flooring installations.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Wood and Laminate Flooring <i>Including:</i> Installing pre-finished hardwood, engineered wood and laminate flooring, Servicing pre-finished hardwood, engineered wood and laminate flooring.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Certification:

I certify that the information I (as employer) have provided is accurate. (Note: Collection and protection of personal information on this form is in accordance with the provisions of the *Freedom of Information and Protection of Privacy Act*.)

Applicant’s Name (Please Print):	Employer Signature:	Date: (YYYY/MM/DD)
----------------------------------	---------------------	--------------------

Please print clearly and return to the address noted above

DOCUMENTATION CHECKLIST

To avoid delays in processing, please use the following checklist to ensure the required documentation is attached to your application and all forms are complete. **We can not process incomplete applications.**

ALL APPLICABLE BOXES MUST BE CHECKED OFF:

- All documents, including letters and certificates, are originals or *certified true copies* of originals, in the English language.
- Any translations have been performed by Certified Translators.
- The Applicant has completed in full the **Application to Challenge** (Page 2 of this package)
- The Applicant has completed in full and signed, the **Applicant Work Experience Information** (Page 3 of this package)
- Each Employer has completed in full and signed, the **Employer Declaration** (Page 4 & 5 of this package).
- The information contained on each **Employer Declaration** form matches the information declared on the **Applicant Work Experience Information** form.
- A Statutory Declaration is enclosed in situations when an Employer Declaration is not available. See *Statutory Declaration information on page 7 of this package.*
- A cheque in the amount of \$120.00 has been enclosed for your Challenge Work-Experience Assessment.

Please print clearly and return to the address noted above

Statutory Declarations

A Statutory Declaration form may be used to document time worked in a trade when applying to challenge an Inter-Provincial examination **only due to the following circumstances:**

1. The firm is no longer in business and the principals cannot be located.
2. The owner/manager is deceased and complete employment records are not available.
3. The firm is located overseas and extreme difficulties are encountered in trying to get the documentation.
4. The applicant has been self-employed as an owner/operator of a business.
5. A firm refuses to issue a letter to document time worked in a trade.

A Statutory Declaration, using the form that is provided on pages 8 and 9 of this package, must be completed **for each place of employment** for which you are unable to provide an Employer Declaration.

Important: The Statutory Declaration form is comprised of **Part 1 (page 8) and Part 2 (page 9)**. It must be completed for each place of employment you cannot obtain documentation for, and must be sworn before a Lawyer, Notary Public, or Commissioner of Oaths for the Province of British Columbia. Please make additional copies of the Statutory Declaration form as needed.

Please print clearly and return to the address noted above

Statutory Declaration – Part 2

By checking “yes” or “no”, indicate in the “Declaration Response” column whether you performed the following tasks during your period of employment with the organization indicated on Part 1 of the Statutory Declaration. <i>Cross out any tasks that were not performed.</i>	Declaration Response
Occupational Skills <i>Including:</i> Using tools and equipment, Organizing work, Identifying materials, Assessing floor.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Floor Preparation <i>Including:</i> Removing existing floorcovering and accessories, Preparing substrate, Installing underlayment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Carpet <i>Including:</i> Installing carpets, Performing specialized carpet procedures, Installing carpet on stairs, Servicing carpet installations.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Resilient Flooring <i>Including:</i> Installing resilient tiles, Installing resilient sheet goods, Performing specialized resilient flooring procedures, Installing specialty flooring products and accessories, Servicing resilient flooring installations.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Wood and Laminate Flooring <i>Including:</i> Installing pre-finished hardwood, engineered wood and laminate flooring, Servicing pre-finished hardwood, engineered wood and laminate flooring.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

I solemnly declare that the information provided in this Declaration, to the best of my knowledge, is true.

Applicant's Name (Please Print):	Applicant's Signature:	Date: (YYYY/MM/DD)
----------------------------------	------------------------	--------------------

This section to be completed by:		Declaration of Official	
Last Name:		First Name:	
Occupation: : <input type="checkbox"/> Commissioner of Oaths <input type="checkbox"/> Notary Public <input type="checkbox"/> Lawyer			
Address:			
Telephone Number:		Declared before me on Date: (YYYY/MM/DD)	
Signed at: (City, Province)		Signature of Official:	

Please print clearly and return to the address noted above

INTER-PROVINCIAL EXAMINATION INFORMATION

The following information is offered as a guide to make you aware of the topics that will be covered in the inter-provincial theoretical examination.

Section	Title	Exam Weightings %
1	Occupational Skills	11
2	Floor Preparation	25
3	Carpet	24
4	Resilient Flooring	27
5	Wood and Laminate Flooring	13

- This is a multiple choice examination.
- Maximum time allowed for this examination is 4 hours.
- Passing Standard is 70%.
- This information is subject to change without notice; consult the relevant program profile on the ITA website at www.itabc.ca.