

WELDER REGISTRATION FORMS FAX/MAIL BACK COVER SHEET

Instructions: This fax cover letter is to be used to submit completed Welder Apprenticeship Registration forms where ITA is acting as the registered sponsor, to the ITA. Please ensure all registration forms are completed and correct and complete the information required on this fax cover letter and mail or fax the forms to the address below.

**ITA Customer Service
Suite 110 – 2985 Virtual Way
Vancouver, BC V5M 4X7
FAX 778-328-8701**

Date:

Training Provider:

Welder Level:

Class Start & End**Date:**

Instructor:

Phone Number:

Fax Number:

Email:

**Total # of
Registration forms:**

Re: BATCH – Welder Registration Forms SPONSOR - ITA

Comments:

Please fill in form fields or print clearly and return to address above

A. Apprentice to Complete

Registration Number (TWID) <small>(if updating a previous registration):</small>				
Legal Last Name:		Legal First Name:		Legal Middle Name (s):
Date of Birth (YYYY/MM/DD):		Gender: Male Female		
Suite Number:	Mailing Address:			
City:		Province: B.C.	Postal Code:	Email:
Home Telephone Number: ()		Cell / Pager Number: ()		Fax Number: ()
Industry Training Program (Click One): WELDER C B A		Apprenticeship Start Date (NOTE: First day of technical training): (YYYY/MM/DD)		
Training Provider:				

B. Sponsor Information

Sponsor Registration Number: 79985		Sponsor Name: INDUSTRY TRAINING AUTHORITY		
Coordinator / Contact Person: ITA CUSTOMER SERVICE		Telephone Number and Extension: (778) 328 8700	Fax Number: (778) 328 8701	

Responsibilities of Apprentice:

The *Apprentice* hereby acknowledges the responsibility to:

- Complete the required *Technical Training*;
- Meet any additional requirements of the *Industry Training Program* as outlined in the *Industry Training Program Profile*.
- Complete new Apprentice and Sponsor Registration form with new *Employer/Sponsor* after technical training is complete.

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.

Apprentice's Signature:	Date: (YYYY/MM/DD)
-------------------------	--------------------