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YOUTH TRAIN IN TRADES
AIRCRAFT MAINTENANCE TECHNICIAN REPORT

Please complete this form and ***email it to SkilledTradesBC no later than 15 days after the class term 1 date.*** *Missing information may delay the process. The completed form should be emailed to* ***youth@skilledtradesbc.ca****.*

GENERAL INFORMATION

Instructor Name:	Training Provider Name:	Instructor Email:
School District Name:	School District #:	Term 1 End Date (MM/DD/YYYY):

FIRST TERM AIRCRAFT MAINTENANCE TECHNICIAN RESULTS				
ITA Individual ID #	**Legal Last Name**	**Legal First Name**	**Pass: Yes/No (Passing mark is 70%)**	
			Yes ☐	No ☐
			Yes ☐	No ☐
			Yes ☐	No ☐
			Yes ☐	No ☐
			Yes ☐	No ☐
			Yes ☐	No ☐
			Yes ☐	No ☐
			Yes ☐	No ☐
			Yes ☐	No ☐
			Yes ☐	No ☐
			Yes ☐	No ☐
			Yes ☐	No ☐
			Yes ☐	No ☐
			Yes ☐	No ☐
			Yes ☐	No ☐
			Yes ☐	No ☐
			Yes ☐	No ☐
			Yes ☐	No ☐

Printed Name of Authorized Representative of the Training Provider:	Signature of Authorized Representative of the Training Provider:
Date (MM/DD/YYYY):	