ITA Customer Service
800 - 8100 Granville Ave
Richmond, BC V6Y 3T6
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READER DECLARATION

Please print clearly and return form to the address noted above.

This form is to be completed by an individual reading for an exam candidate who has been approved to receive that exam accommodation.

A. Apprentice Information

Legal First Name:	Legal Middle Name:	Legal Last Name:
Industry Training Program (Trade) for which individual is being examined:		ITA Individual ID Number of Exam Candidate:
Type of Exam: ❒ IPSE ❒ C of Q ❒ Level __		

B. Reader Information

Legal First Name:	Legal Middle Name (s):	Legal Last Name:
Date of Birth (MM/DD/YYYY):	Gender: ❒ Male ❒ Female	ITA Individual ID Number of Reader:

Suite Number:	Mailing Address:

City:	Province:	Postal Code:	Telephone Number: ( )

Type of ID Supplied:

- ❒ Provincial Driver's License (issued by a Canadian Province or Territory)
- ❒ Provincial Identification Card (i.e. British Columbia Identification Card, Alberta Identification Card) *
- ❒ Canadian Permanent Residency Card
- ❒ BC Services Card
- ❒ Combination Driver's License and BC Services Card
- ❒ Canadian Certificate of Indian Status *
- ❒ Passport: _____
  Indicate Country of Origin

* Cards/Certificates without an expiry date will not be accepted

C. Reader Declaration

I solemnly declare that:

- ☐ I am not a certified journeyperson, employed or have practical knowledge in the _____ trade or a related trade.
- ☐ I will read aloud the printed question and answer options on the examination sheet for the candidate, providing no additional information or interpretation of any kind to the candidate.
- ☐ I will not assist the candidate in any manner to answer questions. I will not provide any prohibited assistance such as performing any calculations, measurements, or marking answer selections on behalf of the candidate.
- ☐ I have been a Reader for this exam less than two times.
- ☐ I will not disclose any information regarding the content of the examination to any party.
- ☐ I understand that this individual exam session will be monitored by an ITA invigilator and may also be recorded and reviewed.

Privacy Statement
The Industry Training Authority is committed to protecting the privacy of any personal information you may provide when filling 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 I have provided is accurate and I understand and agree that ITA reserves the right to verify the accuracy of such information." ITA is subject to the British Columbia Freedom of Information Act and Protection of Privacy Act (FIPPA) and as such all information submitted pursuant to the service you will provide is subject to the disclosure provisions of the FIPPA Regulations.

Signature of Reader:	Date: (MM/DD/YYYY)

Please Note: Readers must bring the same photo identification identified above to the exam session.