ITA TECHNICAL TRAINING RESULT REPORT

ITA Customer Service
800 - 8100 Granville Ave
Richmond, BC V6Y 3T6
Tel: 778-328-8700
Toll Free: 1-866-660-6011
examrequest@itabc.ca

*Please complete this form and **email it to ITA within 15 days of class end-date**. Missing information may delay the process. The completed form should be emailed to examrequest@itabc.ca.*

A. General Information

Training Provider Location:	Training Provider Name:	Instructor Name:
Training Provider Session ID:	Program and Level:	Start Date: (mm/dd/yyyy) End Date: (mm/dd/yyyy)

TECHNICAL TRAINING RESULTS

Apprentice ITA Individual ID #	Apprentice Last Name (Surname)	Apprentice First Name (Given Name)	Result (%)	ITA Use Only

Signature of authorized representative of the training provider:	Date (MM/DD/YYYY):

The Industry Training Authority is an agency of the Government of British Columbia.
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