



**TRANSLATOR/INTERPRETER
DECLARATION**

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

This form is completed by an individual translating or interpreting 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: <input type="checkbox"/> IPSE <input type="checkbox"/> C of Q <input type="checkbox"/> Level ___		

B. Translator/Interpreter Information

Legal First Name:	Legal Middle Name (s):	Legal Last Name:
Date of Birth (MM/DD/YYYY):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	ITA Individual ID Number of Reader:
Suite Number:	Mailing Address:	
City:	Province:	Postal Code:
Telephone Number: ()		
Type of ID Supplied: <input type="checkbox"/> Provincial Driver's License (issued by a Canadian Province or Territory) <input type="checkbox"/> Provincial Identification Card (i.e. British Columbia Identification Card, Alberta Identification Card) * <input type="checkbox"/> Canadian Permanent Residency Card <input type="checkbox"/> BC Services Card <input type="checkbox"/> Combination Driver's License and BC Services Card <input type="checkbox"/> Canadian Certificate of Indian Status * <input type="checkbox"/> Passport: _____ <div align="center">Indicate Country of Origin</div>		
* Cards/Certificates without an expiry date will not be accepted		

C. Translator Declaration

I solemnly declare that: (All items below must be checked)

- I am not a certified journeyman, employed or have practical knowledge in the _____ trade or a related trade.
- I will provide direct translation of the printed question and answer options from the examination booklet from English into the _____ language, 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 translated/interpreted 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 Translator/Interpreter:	Date: (MM/DD/YYYY)
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Please Note: Translators/Interpreters must bring the same photo identification identified above to the exam session.