



ITA EXAMINATION REQUEST FORM

ITA Customer Service
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Richmond, BC V6Y 3T6
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Toll Free: 1-866-660-6011
examrequest@itabc.ca

TRAINING PROVIDER REPORT FOR EXAMINATION REQUEST

Please complete this form and email it to **ITA 6-8 weeks prior to requested exam date**. One form must be completed for each trade and exam type requested. Missing information may delay the registration process. The completed form should be emailed to examrequest@itabc.ca.

A. General Information

Trade Program Name: (please indicate if Foundation)	Exam Type: <input type="checkbox"/> Online <input type="checkbox"/> Paper	Instructor Name:
	<input type="checkbox"/> Foundation <input type="checkbox"/> CofQ <input type="checkbox"/> Level <input type="checkbox"/> IPSE	Instructor Email Address: (for online exams only)
Training Provider Name:	Contact Full Name:	Contact Phone:

B. Exam Details

Exam Date: (MM/DD/YYYY)	Exam Start Time:	Exam Location Room #:	Exam Room Capacity (#):
Exam Location, Street Address:			Exam Location City:

EXAM CANDIDATES LIST				
	Candidate's ITA Individual ID #	Candidate Last Name (Surname)	Candidate First Name (Given Name)	ITA Use Only
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