ITA PRACTICAL ASSESSMENT RESULT REPORT

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 ASSESSMENT RESULTS

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:	
Program (Trade):	Level:	Assessment Date: (MM/DD/YYYY):	Class End Date: (MM/DD/YYYY):

PRACTICAL ASSESSMENT RESULTS

ITA Individual ID #	Last Name (Surname)	First Name (Given Name)	Result (Pass/Fail)

Name of Assessor	Date (MM/DD/YYYY):
Signature of Assessor	Date (MM/DD/YYYY)