

## INDUSTRIAL ELECTRICIAN LOGBOOK COMPLETION SIGNOFF

SkilledTradesBC Customer Service 800 - 8100 Granville Ave Richmond, BC V6Y 3T6

Richmond, BC V6Y 3T6 Tel: 778-328-8700 Fax: 778-328-8701 Toll Free: 1-866-660-6011 customerservice@skilledtradesbc.ca

This form is to be completed after the apprentice has met all of the logbook completion requirements for the Industrial Electrician Apprenticeship Program. This form must be signed by the Sponsor (or Primary Sponsor contact), the Workplace Assessor and the Apprentice. Please do not submit the logbook or Evidence Guide to SkilledTradesBC.

The purpose of this form is to notify SkilledTradesBC of the apprentice's successful completion of the Apprenticeship Logbook, provide the employer and apprentice with a record of competency completion for their records, and to include as witness, the individuals who participated in the apprentice's work-based training.

1 APPRENTICE INFORMATION	
SkilledTradesBC First Name Individual ID #	Last Name
Individual ID #	
2 SPONSOR/EMPLOYER INFORMATION	
Organization Name	SkilledTradesBC Organization ID #
Sponsor Contact Name	Email Address
3 WORKPLACE ASSESSOR INFORMATION	
An Individual holding one of the following credentials qualifies as a Workplace Assessor and may sign off on the Workplace Competencies. Please check one:	
Registered Industrial Electrician Assessor	☐ Construction Electrician Certificate of Qualification with Red Seal
☐ Industrial Electrician Certificate of Qualification with Red Seal	☐ Construction Electrician Certificate of Qualification
☐ Industrial Electrician Certificate of Qualification	☐ Electrician Certificate of Qualification with Red Seal
	☐ Electrician Certificate of Qualification
Workplace Assessor Name	Certificate # of Workplace Assessor ID #
4 VERIFICATION OF LOGBOOK COMPLETION	
I verify that the above named apprentice has met the Industrial Electrician logbook completion requirements, including:	
☐ Successful completion of all compulsory workplace competencies	
☐ Successful completion of 35 credits of elective workplace competencies	
Annuantica Cignatura	Deta (MM/DD/VVVV)
Apprentice Signature	Date (MM/DD/YYYY)
Workplace Assessor Signature	Date (MM/DD/YYYY)
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Sponsor Signature (if different than Workplace Assessor)	Date (MM/DD/YYYY)