



EXAMINATION APPLICATION LEVEL EXAMINATION

ITA Customer Service
800 - 8100 Granville Ave
Richmond, BC V6Y 3T6
Tel: 778-328-8700
Fax: 778-328-8701
Toll Free: 1-866-660-6011
customerservice@itabc.ca

COMPLETE TO CHALLENGE A LEVEL EXAM REQUEST

This form is used to schedule a level exam re-write, or a first write if you wish to challenge a program level.
Note: Apprentices wishing to apply to challenge a level of technical training are required to provide evidence in writing of employer support plus wait a minimum of 6-months if they have taken and failed a level of technical training.

A. Individual Information

Please print clearly and return form to the address noted above

ITA Individual ID #:	Program (Trade):	
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 <input type="checkbox"/> Non-Disclosed	
Suite Number:	Mailing Address:	
City:	Province:	Postal Code:
Phone Number: ()	Secondary Phone Number: ()	*Email Address:

B. Examination Details

Name of trade in which you wish to be examined:	Program Level:
---	----------------

Additional Requirements

- I require an exam accommodation or translator or translation dictionary. [Exam Accommodations: ESL & Disability Options](#)
- I require a wheelchair accessible location to write the exam.

Preferred Location to Write the Exam

- | | | | |
|--|-----------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Burnaby | <input type="checkbox"/> Kamloops | <input type="checkbox"/> Nanaimo | <input type="checkbox"/> Surrey |
| <input type="checkbox"/> Chilliwack | <input type="checkbox"/> Kelowna | <input type="checkbox"/> Penticton | <input type="checkbox"/> Vernon |
| <input type="checkbox"/> Fort St. John | <input type="checkbox"/> Langley | <input type="checkbox"/> Prince George | <input type="checkbox"/> Victoria |
| <input type="checkbox"/> Other _____ | | | |

For a list of Service BC locations go to: <http://www.servicebc.gov.bc.ca/locations>

Identification: Please check off the type of PHOTO identification you will be using on the day of your exam; you will be required to bring the same identification on the day of your exam. Your photo identification MUST BE VALID AND CURRENT on the day you write your exam; expired identification will not be accepted. Do not submit originals, photocopies or write the identification number of your identification on your application.

- Provincial Driver's License (issued by a Canadian Province or Territory)
- Provincial Identification Card (i.e. British Columbia Identification Card, Alberta Identification Card) *
- Canadian Permanent Residency Card
- BC Services Card
- Combination Driver's License and BC Services Card
- Canadian Certificate of Indian Status *
- Passport: _____

Indicate Country of Origin; do not write identification number

* Cards/Certificates without an expiry date will not be accepted

Please indicate the earliest date that you wish to write this examination (MM/DD/YYYY):



EXAMINATION APPLICATION LEVEL EXAMINATION

ITA Customer Service
800 - 8100 Granville Ave
Richmond, BC V6Y 3T6
Tel: 778-328-8700
Fax: 778-328-8701
Toll Free: 1-866-660-6011
customerservice@itabc.ca

C. Fees:

Payment of Assessment Fee made by:	<input type="checkbox"/> Credit card payment made online via the Payments & Fees page on the ITA Website Attach receipt or write Transaction number here: _____ Please do not provide your credit card number
	<input type="checkbox"/> Cheque or money order (attached)
	<input type="checkbox"/> Cash, credit or debit card, paid in person at ITA when application is submitted

PRIVACY NOTICE

The personal information on this form and other personal information that forms part of your apprenticeship record is collected, used and disclosed under the authority of the Freedom of Information and Protection of Privacy Act, Part 3, Division 1, Section 27 (1) (i) and is managed in accordance with that Act.

The information is used to (1) administer and monitor the apprenticeship training program in which you are enrolled, (2) administer your participation in the apprenticeship or challenge program, including the Interprovincial Standards Red Seal Program administered by the Canadian Council of Directors of Apprenticeship (CCDA), (3) plan, research and evaluate programs, (4) assist in the promotion of the apprenticeship and certification program in British Columbia, (5) identify persons for the purpose of financial awards, (6) identify persons for targeted correspondence that relates to their trade(s) or their involvement in apprenticeship training (ex: surveys, statistics, consultations).

I have read and understood the Privacy Notice and hereby authorize ITA to share my personal information record for the previously stated purpose with apprenticeship officials in other jurisdictions, my present and future sponsors, educational institutions and training providers, regulatory authorities and municipal, provincial and federal government bodies where the information is necessary for them to fulfill their legal responsibilities or manage apprenticeship-related programs.

By signing this form, I represent and warrant that all information I provide to ITA to the best of my knowledge is true, accurate, current and complete and that I will update the information as required so that it remains true, accurate, current and complete.

Applicant's Signature:	Date : (MM/DD/YYYY)
------------------------	---------------------