



ITA EXAMINATION REQUEST FORM

ITA Customer Service
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 Toll Free: 1-866-660-6011
 examrequest@itabc.ca

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. Incomplete forms will be returned and delay the registration process. The completed form should be emailed to examrequest@itabc.ca

A. General Information

| | | | | | |
|-------------------------|--|---|--|---|--|
| Session ID: | | Exam Type: <input type="checkbox"/> Online <input type="checkbox"/> Paper | | Instructor Name: | |
| Trade Program Name: | | <input type="checkbox"/> Foundation <input type="checkbox"/> CofQ <input type="checkbox"/> Level <input type="checkbox"/> IPSE | | Instructor Email Address: (online exams only) | |
| Level of Training: | | | | | |
| Training Provider Name: | | Contact Full Name: | | Contact Phone: | |

A. 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 First Name (Given Name) | Candidate Last Name (Surname) | ITA Use Only |
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