



APPLICATION

CERTIFICATION CHALLENGE or SUPERVISION AND SIGN-OFF AUTHORITY

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

This form is used to apply to challenge trade certification or apply for a Supervision and Sign-Off Authority number. Only sponsors/employers who are directly supervising apprentices and are not yet certified in their trade are eligible to apply for a Supervision and Sign-Off Authority number.

*This application must be accompanied by at least one Employer Declaration or Statutory Declaration. For detailed instructions refer to **Instructions for Certification Challenge or Supervision and Sign-Off Authority**.*

Note: Incomplete applications will not be processed and will be returned to you.

A. Application Type

I am applying to (select one only):	<input type="checkbox"/> Challenge a trade certification <i>(Complete all sections of this form)</i>
	<input type="checkbox"/> Request a Supervision and Sign-Off Authority number <i>(Complete sections A, C, D and E only)</i>

B. Challenge Application Payment

*If you are applying to challenge certification, an **application fee of \$120** must be paid when your application is submitted. If a practical assessment is required to challenge certification in your trade, additional fees are charged; further information will be provided when your application is approved. There is no fee to apply for Supervision and Sign-Off Authority.*

Payment of Application 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: _____ <b style="text-align: right;">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

C. Personal Information

Mandatory fields marked with an asterisk (). All communication from ITA will be sent to the email address provided. Enter the last, first and middle names as they appear on your driver's license, passport or other government-issued identification.*

ITA Individual ID # (leave blank for new registration)	*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	
*Mailing Address		*City
*Province/State	*Country	*Postal Code
*Phone Number ()	Secondary Phone Number ()	*Email Address
Do you identify yourself as an aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please check one <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit	
*Have you ever been employed / contracted by ITA? <input type="checkbox"/> Yes <input type="checkbox"/> No		



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D. Work Experience in Trade

To qualify to challenge a certification or be granted Supervision and Sign-Off Authority, you must prove you have worked the required minimum number of hours in the trade and performed specific job tasks associated with the trade. These details vary by trade and are listed in the **Employer Declaration of Work Experience** and **Statutory Declaration of Work Experience** forms for the trade.

In the table below, list the name of each employer you have worked for performing your trade, the dates you were employed, and the total number hours worked with each employer performing the job tasks listed on the Employer and Statutory Declaration of Work Experience forms for your trade. The **Employer and/or Statutory Declaration of Work Experience** forms for your trade can be downloaded from: <http://www.itabc.ca/discover-apprenticeship-programs/search-programs/Apprenticeship and Red Seal Program Listings>. Search for your trade, choose, and click the form name to download.

Name of Organization/Employer(s)	Dates of Employment		Hours Worked
	From: (MM/DD/YYYY)	To: (MM/DD/YYYY)	
	From: (MM/DD/YYYY)	To: (MM/DD/YYYY)	
	From: (MM/DD/YYYY)	To: (MM/DD/YYYY)	
	From: (MM/DD/YYYY)	To: (MM/DD/YYYY)	
	From: (MM/DD/YYYY)	To: (MM/DD/YYYY)	
	From: (MM/DD/YYYY)	To: (MM/DD/YYYY)	
	From: (MM/DD/YYYY)	To: (MM/DD/YYYY)	
			Total:

E. Signature

Privacy Statement

The Industry Training Authority is committed to protecting the privacy of any personal information you may provide when filing an application form with us. The Industry Training Authority will not use or share any personal information provided by the applicants except with the consent of the individual to whom the information relates or as otherwise authorized by the Freedom of Information and Protection of Privacy Act.

Certification and authorization for collection, use and disclosure of personal information

"I agree to allow ITA, in accordance with the BC Freedom of Information and Protection of Privacy Act, to use and provide to others the personal information I have provided on this form, as well as any other information necessary, for the purpose of administering the apprenticeship training program I am seeking to challenge or receive Supervision and Sign-Off Authority for, including the application process, program delivery, evaluation and certification. I authorize ITA to provide my personal information for the previously stated purpose to apprenticeship officials in other jurisdictions, my present and future sponsors, educational institutions, private trainers and to other agencies, regulatory authorities and ministries of municipal, provincial and federal governments where the information is necessary for them to fulfill their legal responsibilities and/or manage apprenticeship-related programs. I also authorize ITA to make the status of my certification and apprenticeship publicly available."

Attestation

"I attest that the information I have provided is complete and accurate; and I authorize ITA to verify its accuracy. I acknowledge that I read and understood that if I knowingly provide ITA with untrue information and/or false documents, ITA may refer the matter to legal authorities. Furthermore, I understand and agree that if I provide untrue information and/or false documents to ITA or fail to provide information requested by them, then ITA may, at its sole discretion, take actions including but not limited to denying me assessment and/or revoking credit or certification they have granted to me."

Applicant Name (Print):	Applicant Signature:	Date: (MM/DD/YYYY)
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