



# APPLICATION

## CERTIFICATION CHALLENGE

### TIDAL ANGLING GUIDE

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.

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

## A. Personal Information

Mandatory fields marked with an asterisk (\*). All communication from ITA will be sent to the email address provided.

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	*Born in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No
Suite Number:	*Mailing Address:	
*City:	*Province:	*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: First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/>

## B. Scheduling My Exam

Let us know when and where you want to write the exam, and if any special arrangements need to be made.

Please DO NOT schedule my exam. Once my application is approved, I will contact ITA to request a time to write the exam.

Please SCHEDULE MY EXAM upon approval of application. My earliest available date to write this exam is: (MM/DD/YYYY) \_\_\_\_\_ .  
*Note: Your exam will be scheduled as close to this date as possible. We cannot schedule exams more than 60 days in advance. If a practical assessment is also required for certification in your trade, further information will be provided when your application is approved.*

**Additional Requirements**

I require exam accommodations for a physical, mental or learning disability, or require a translator or a translation dictionary.  
Click here to view our [Exam Accommodations: ESL & Disability Options](#) page

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

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



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### C. Work Experience in Trade

To qualify to challenge a certification you must prove you have worked the required minimum number of hours in the trade and performed specific job tasks associated with 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.

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)	
			<b>Total:</b>

### D. Challenge Application Fee Payment

If you are applying to challenge certification, an assessment 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.

Payment of Assessment Fee made by:	<input type="checkbox"/> Credit card payment made online via the <a href="#">Payments &amp; Fees</a> page on the ITA Website Attach receipt or write Transaction number here: _____  <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
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### 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 certify that the information I have provided is accurate and I understand and agree that ITA reserves the right to verify the accuracy of such 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'm 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."

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