

APPLICATION TO CHALLENGE CERTIFICATE OF QUALIFICATION / IP EXAMINATION

ITA Customer Service
Suite 223 – 4600 Kingsway
Burnaby, B.C. V5H 4L9
Phone: 604-775-2860
Phone: 1-866-660-6011
Fax: (604) 775-3033

Please print clearly and return to the address noted above,

A. Applicant's Information

| | | | | | |
|---------------------------------------|------------------|--|--------------|-------------------------|--------|
| Registration Number (TWID): | | | | | |
| Legal Last Name: | | Legal First Name: | | Legal Middle Name (s): | |
| Date of Birth (YYYY/MM/DD): | | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | | |
| Suite Number: | Mailing Address: | | | | |
| City: | | Province: B.C. | Postal Code: | | Email: |
| Daytime Telephone Number: () | | Home Telephone Number: () | | Fax Number: () | |

B. Examination Details

| | | | |
|---|--|--|--|
| Name of Trade in Which You Wish to Be Examined: | | Is this examination a re-write? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date of last exam: _____ | |
| Please indicate your preferred location for examination: <input type="checkbox"/> ITA Customer Service <input type="checkbox"/> Vernon <input type="checkbox"/> Victoria <input type="checkbox"/> Maple Ridge <input type="checkbox"/> Chilliwack <input type="checkbox"/> Prince George <input type="checkbox"/> Other (please indicate) _____ | | | |
| Please indicate the earliest date you are available to write this examination (YYYY/MM/DD): | | | |

C. Fees

If you are applying to write a Certificate of Qualification or IP examination on a challenge basis, there is a fee of \$120.00 to cover the cost of assessing documentation of required work experience (time in the trade). There is no fee for a first Certificate of Qualification or IP exam attempt. There is a \$100 fee for all subsequent attempts.

Note: *There may be requirements for upgrading prior to re-writes. Contact ITA Customer Service if you have questions regarding re-write eligibility.*

**CASH, CHEQUE, OR MONEY ORDER
made payable to:
THE MINISTER OF FINANCE AND CORPORATE RELATIONS
Please do not send cash in the mail.**

Certification and authorization for collection and use of personal information:

I certify that the information I (as apprentice or sponsor) have provided is accurate. I authorize the Industry Training Authority to use the personal information on this form as well as any further information provided by me during the application process, apprenticeship training and evaluation for the administration of the apprenticeship training program, program delivery, evaluation, and certification purposes. I authorize the Industry Training Authority to disclose my personal information to other agencies and ministries of the provincial government, my present and future sponsors, educational institutions, private trainers, agencies and ministries of the federal government, and apprenticeship officials in other provinces and territories for the above purposes. I also authorize the Industry Training Authority to make the status of my certification and apprenticeship publicly available. If you have any question about your personal information, you may contact a Client Service Representative at Industry Training Authority Customer Service at 1.866.660.6011.

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