



# EXAMINATION APPLICATION INTERPROVINCIAL (RED SEAL) / CERTIFICATE OF QUALIFICATION

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

Please print clearly and return to the address noted above

This form is used to schedule an exam re-write, or a first write if you already have Supervision and Sign Off Authority and want to challenge the certification, or if you have a Certificate of Qualification from another province and want to earn the Red Seal endorsement.

## A. Apprentice Information

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	
Suite Number:	Mailing Address:	
City:	Province:	Postal Code:
Phone Number: ( )	Secondary Phone Number: ( )	*Email Address:

\*All communication from ITA will be sent to the e-mail address provided.

## B. Examination Details

Name of Trade in Which You Wish to Be Examined:
<p><b>Additional Requirements</b></p> <p><input type="checkbox"/> I require exam accommodations for a physical, mental or learning disability, or require a translator or a translation dictionary. Click here to view our <a href="#">Exam Accommodations: ESL &amp; Disability Options</a> page</p> <p><input type="checkbox"/> I require a wheelchair accessible location to write the exam.</p> <p><b>Preferred Location to Write the Exam</b></p> <p><input type="checkbox"/> Burnaby      <input type="checkbox"/> Maple Ridge      <input type="checkbox"/> Prince George      <input type="checkbox"/> Penticton  <input type="checkbox"/> Chilliwack      <input type="checkbox"/> Nanaimo      <input type="checkbox"/> Vernon      <input type="checkbox"/> Other _____  <input type="checkbox"/> Kelowna      <input type="checkbox"/> Kamloops      <input type="checkbox"/> Victoria</p> <p><i>For a list of Service BC locations go to: <a href="http://www.servicebc.gov.bc.ca/locations">http://www.servicebc.gov.bc.ca/locations</a></i></p> <p><b>Identification:</b> 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.</p> <p><input type="checkbox"/> Provincial Driver's License (issued by a Canadian Province or Territory)  <input type="checkbox"/> Provincial Identification Card (i.e. British Columbia Identification Card, Alberta Identification Card) *  <input type="checkbox"/> Canadian Permanent Residency Card  <input type="checkbox"/> BC Services Card  <input type="checkbox"/> Combination Driver's License and BC Services Card  <input type="checkbox"/> Canadian Certificate of Indian Status *  <input type="checkbox"/> Passport: _____  <small>Indicate Country of Origin; do not write identification number</small></p> <p>* Cards/Certificates without an expiry date will not be accepted</p>
Please indicate the earliest date you are available to write this examination (MM/DD/YYYY):



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## 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 for assessing documentation of required work experience (time in the trade). If ITA has scheduled you for this exam twice before, a \$100 fee applies for all subsequent scheduling. **This includes exams that have been written, cancelled, rescheduled, or not written.**

**Note:** *There may be requirements for upgrading prior to re-writes. Contact ITA Customer Service if you have questions regarding re-write eligibility. If you are writing a C of Q or IP examination on a challenge basis and approval is granted, examination must be written within 12 months from date of approval. Approval will expire after 12 months, at that time re-submission of application form and fee will apply.*

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: _____ <b>Please do not provide your credit card number</b>
	<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 Statement

The Industry Training Authority is committed to protecting the privacy of any personal information you may provide when filling 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 administering the apprenticeship training program in which I am enrolled, 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's Signature:	Date: (MM/DD/YYYY)
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