

This form is to be filled in electronically. Please e-mail this form to the address above.

An application fee of \$350.00 must be submitted with the Designation Application Fee Form.
Review the "Guidelines for Training Providers Applying for SkilledTradesBC Program Designation" for more details.

A. APPLICATION TYPE

Please indicate the type of application you are submitting (check 1 box only):

- New Designation Program Addition Designation Renewal

B. BUSINESS INFORMATION

Name of Institute or Company (please provide both the operating and legal names if different)		
Street Address:		
City:	Province:	Postal Code:
Mailing Address: <input type="checkbox"/> Same as Above		
City:	Province:	Postal Code:
Telephone Number: ()	Fax Number: ()	Website Address:
PTIB Registration No:		How Long has the Institution Been Providing Industry Training?

Contact Information:

Name and Title of Person Responsible for Communication Regarding SkilledTradesBC Designation:		
Telephone Number: ()	Fax Number: ()	E-mail address:

C. PROGRAM DETAILS:

Name of SkilledTradesBC Accredited (Red Seal), Recognized (Provincial) or Foundation training program and Level(s) for which SkilledTradesBC Designation is being sought (e.g. "Electrician, Level 1 and Level 2"):	
Program delivery (select all that apply): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Program Start Date:
Delivery Methods (select all that apply): <input type="checkbox"/> On-site instructor led <input type="checkbox"/> Self-paced <input type="checkbox"/> Online instructor led <input type="checkbox"/> Blended delivery (both on-site and online) <input type="checkbox"/> Alternative Delivery	
If you chose alternate delivery above, please explain why:	

F. APPLICATION CHECK LIST

To avoid delays in processing, please use the following checklist to ensure that the application is complete and that the required documentation is attached. For the complete list and definitions, please refer to the Designation Guidelines.

- This application form
- Forms and documents (as listed in the Designation Guidelines in Appendix D)
- Institution's policies (as listed in the Designation Guidelines in Appendix E)
- Application fee attached in the form of a cheque

G. APPLICANT'S SIGNATURE:

I, as the applicant, certify that the information I have provided is complete and accurate and I authorize SkilledTradesBC to verify its accuracy.

Applicants Name and job title:	
Applicant's Signature:	Date (YYYY/MM/DD):