

*****Please print clearly and return with Exam Request Form*****

This form is not to be used for Apprentice and Sponsor Registration

This form is to be used by SkilledTradesBC designated training providers who are organizing a SkilledTradesBC examination for individuals whose program does not require that they are registered apprentices with an industry (employer) sponsor (e.g. Foundation programs).

A SkilledTradesBC individual ID number is required by the SkilledTradesBC Portal system to record the exam result. Upon registration as an apprentice, this achievement will be credited towards the individual's apprenticeship.

A. To be completed by the Individual

SkilledTradesBC 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"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer		
Suite Number:	Mailing Address:		
City:	Province:	Postal Code:	
Phone Number: (XXX) XXX-XXXX	Secondary Phone Number:(XXX) XXX-XXXX	*Email Address:	
Do you identify as an Indigenous person? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	If yes, do you identify as First Nations, Métis, or Inuk (Inuit)? Select all that apply. <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuk (Inuit) <input type="checkbox"/> Prefer not to answer		

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

B. To be completed by Training Provider

Return the Examination Request Form and the SkilledTradesBC Portal Registration Forms 6 weeks prior to the requested examination date.

Training Provider:	Training Provider Contact:
Exam Type:	Requested Exam Date (MM/DD/YYYY):

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 SkilledTradesBC reserves the right to verify the accuracy of such information."

"I agree to allow SkilledTradesBC, 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 necessary for administering the apprenticeship training program in which I am applying. I authorize SkilledTradesBC 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 SkilledTradesBC to make the status of my certification and apprenticeship publicly available."

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