

## TRANSLATOR/READER DECLARATION FORM

SkilledTradesBC 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@skilledtradesbc.ca

This form is to be completed by an individual translating or reading for an exam candidate who has been approved to receive accommodation.

1 EXAM CANDIDATE INFORMATION		
SkilledTradesBC Individual ID # Program (Trad	de) Name	□ Red Seal □ CofQ □ Level
Legal First Name	Legal Middle Name(s)	Legal Last Name
2 TRANSLATOR/READER INFORMATION		
Legal First Name	Legal Middle Name(s)	Legal Last Name
Date Of Birth (MM/DD/YYYY)	Gender	Mailing Address
	☐ Man ☐ Woman ☐ Non-Binary ☐ Prefer not to answer	
City	Province	Postal Code
Email Address	Phone Number	SkilledTradesBC Individual ID #
3 TRANSLATOR/READER DECLARATION A	 ND SIGNATURE	
I solemnly declare that: (All items below mus	be checked)	
$\Box$ I will not disclose any information regarding the content of the examination to any party.		
<ul><li>□I am at least 19 years old.</li><li>□I have been a translator/reader for this exan</li></ul>	n loss than two times in my lifetime	
☐ I have not translated/read for this exam in the	•	
, , , ,	or have practical knowledge in the trade or related that	5 5
	he printed question and answer options from the exan additional information or interpretation of any kind to	
$\square$ I understand this individual exam will be mon	itored by a SkilledTradesBC invigilator and may also b	e recorded and reviewed.
	personal information that forms part of your apprenticection of Privacy Act, Part 3, Division 1, Section 27 (1)	ceship record is collected, used and disclosed under the (i) and is managed in accordance with that Act.
apprenticeship program, including the Interprov (CCDA), (3) plan, research and evaluate program	incial Standards Red Seal Program administered by the is, (4) assist in the promotion of the apprenticeship and	ou are enrolled, (2) administer your participation in the e Canadian Council of Directors of Apprenticeship d certification program in British Columbia, (5) identify es to their trade(s) or their involvement in apprenticeship
purpose with apprenticeship officials in other jui	<b>and hereby authorize SkilledTradesBC</b> to share my pisdictions, my present and future sponsors, educational government bodies where the information is necessal	
Signature Of Translator/Reader	Date (MI	M/DD/YYYY)



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### **Acceptable Photo Identification**

Translators and Readers are required to provide valid Photo Identification on the day of exam. Do not submit originals, photocopies or write the identification number on this application. A list of acceptable photo identification is below:

- Canadian Provincial Driver's License
- Canadian Provincial Identification
- Canadian Permanent Residency Card
- Nexus Card
- BC Services Card
- Canadian Certificate of Indian Status
- Valid Passport
- Firearms License

\*Cards without an expiry date will not be accepted