PERSONAL INFORMATION RECORD REQUEST

SkilledTradesBC
800 - 8100 Granville Ave
Richmond, BC V6Y 3T6
Fax: 778-328-8701
recordrequest@skilledtradesbc.ca

REQUEST # _____

(To be filled out by SkilledTradesBC only)

Complete the form and email it to recordrequest@skilledtradesbc.ca, or mail or fax it to SkilledTradesBC. Please ensure you sign the form prior to submitting it.

1 CONTACT INFORMATION

First Name*

Middle Name (s)

Last Name*

Address*

City*

Province*

Postal Code*

Phone Number*

Secondary Phone Number

Email Address*

2 PERSONAL INFORMATION REQUEST DETAILS

Please indicate for whom you are making the personal information request:

☐ Myself ☐ Another person - please provide the individual's signed consent or proof of authority to act on the individual's behalf.

Please note that SkilledTradesBC may contact the individual, whose personal information you are requesting, to verify the authorization.

Description of personal information request

Please provide a detailed and specific description of the personal information you are requesting (e.g., type of information, date(s), etc.).

_____

_____

_____

_____

_____

_____

Record Request Start Date (MM/DD/YYYY)

Record Request End Date (MM/DD/YYYY)

Please select a delivery method for your request.

☐ Mail ☐ Email

3 SIGNATURE

Personal information contained in this form is collected under B.C.'s *Freedom of Information and Protection of Privacy Act* and will be used only for the purpose of responding to your request. If you have any questions about the collection, use or disclosure of this information, please email recordrequest@skilledtradesbc.ca.

Signature*

Printed Full Name*

Date: (MM/DD/YYYY)*

SkilledTradesBC is an agency of the Government of British Columbia.

www.skilledtradesbc.ca