

SkilledTradesBC EXAMINATION REQUEST FORM

*Please complete this form and email it to **SkilledTradesBC** 6-8 weeks prior to requested exam date. One form must be completed for each trade and exam type requested. Incomplete forms will be returned and delay the registration process. The completed form should be emailed to examrequest@skilledtradesbc.ca*

A. General Information

Session ID:		Exam Type: <input type="checkbox"/> Online <input type="checkbox"/> Paper		Instructor Name:	
Trade Program Name:	Level of Training:	<input type="checkbox"/> Foundation <input type="checkbox"/> Level	<input type="checkbox"/> CofQ <input type="checkbox"/> IPSE	Instructor Email Address: (online exams only)	
Training Provider Name:		Contact Full Name:		Contact Phone:	

A. Exam Details

Exam Date: (MM/DD/YYYY)	Exam Start Time:	Exam Location Room #:	Exam Room Capacity (#):
Exam Location, Street Address:			Exam Location City:

EXAM CANDIDATES LIST				
	Candidate's SkilledTradesBC Individual ID #	Candidate First Name (Given Name)	Candidate LastName (Surname)	SkilledTradesBC Use Only
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