

# APPLICATION

## CERTIFICATION CHALLENGE or SUPERVISION AND SIGN-OFF AUTHORITY

This form is used to apply to challenge trade certification or apply for a Supervision and Sign-Off Authority number. Only sponsors/employers who are directly supervising apprentices and are not yet certified in their trade are eligible to apply for a Supervision and Sign-Off Authority number.

This application must be accompanied by at least one Employer Declaration or Statutory Declaration. For detailed instructions refer to **Instructions for Certification Challenge or Supervision and Sign-Off Authority**.

**Note: Incomplete applications will not be processed and will be returned to you.**

### A. Application Type

I am applying to (select one only):	<input type="checkbox"/> <b>Challenge a trade certification</b>	(Complete all sections of this form)
	<input type="checkbox"/> <b>Request a Supervision and Sign-Off Authority number</b>	(Complete sections A, C, D and E only)

### B. Challenge Application Payment

If you are applying to challenge certification, a non-refundable application fee of \$120 must be paid when your application is submitted. If a practical assessment is required to challenge certification in your trade, additional fees are charged; further information will be provided when your application is approved. There is no fee to apply for Supervision and Sign-Off Authority.

**Note: All Skilled Trades Certification trades exam fees will be waived until the enforcement date to encourage workers to get on the pathway to certification.**

Payment of Application Fee made by:	<input type="checkbox"/> Credit card payment made online via the <a href="#">Payments &amp; Fees</a> page on the SkilledTradesBC Website Attach receipt or write Transaction number here: _____ <b>Please do not provide your credit card number</b>	
	<input type="checkbox"/> Cheque or money order (attached)	
	<input type="checkbox"/> Cash, credit or debit card, paid in person at SkilledTradesBC when application is submitted	

### C. Personal Information

Mandatory fields marked with an asterisk (\*). All communication from SkilledTradesBC will be sent to the email address provided.

Enter the last, first and middle names as they appear on your driver's license, passport or other government-issued identification.

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"/> Non-disclosed	
*Mailing Address		*City
*Province/State	*Country	*Postal Code
*Phone Number (    )	Secondary Phone Number (    )	*Email Address
Do you self-identify as an indigenous person? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer		
*Have you ever been employed by, or contracted by SkilledTradesBC? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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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

### D. Work Experience in Trade

To qualify to challenge a certification or be granted Supervision and Sign-Off Authority, you must prove you have worked the required minimum number of hours in the trade and performed specific job tasks associated with the trade. These details vary by trade and are listed in the **Employer Declaration of Work Experience** and **Statutory Declaration of Work Experience** forms for the trade.

In the table below, list the name of each employer you have worked for performing your trade, the dates you were employed, and the total number hours worked with each employer performing the job tasks listed on the Employer and Statutory Declaration of Work Experience forms for your trade. The **Employer** and/or **Statutory Declaration of Work Experience** forms for your trade can be downloaded from: <http://www.skilledtradesbc.ca/discover-apprenticeship-programs/search-programs/Apprenticeship> and [Red Seal Program Listings](http://www.skilledtradesbc.ca/discover-apprenticeship-programs/search-programs/RedSealProgramListings). Search for your trade, choose, and click the form name to download.

Name of Organization/Employer(s)	Dates of Employment		Hours Worked
	From: (MM/DD/YYYY)	To: (MM/DD/YYYY)	
	From: (MM/DD/YYYY)	To: (MM/DD/YYYY)	
	From: (MM/DD/YYYY)	To: (MM/DD/YYYY)	
	From: (MM/DD/YYYY)	To: (MM/DD/YYYY)	
	From: (MM/DD/YYYY)	To: (MM/DD/YYYY)	
	From: (MM/DD/YYYY)	To: (MM/DD/YYYY)	
	From: (MM/DD/YYYY)	To: (MM/DD/YYYY)	
			<b>Total:</b>

### E. Signature

**Privacy Notice:** Your personal information is collected, used, disclosed, and managed in accordance with B.C.'s Freedom of Information and Protection of Privacy Act. The information is used for the purposes of your participation in B.C.'s skilled trades training and apprenticeship system, and where applicable the Interprovincial Red Seal program, including: planning, delivering, researching and evaluating apprenticeship programs; assisting in the promotion of apprenticeship/certification programs; identifying persons for the purpose of financial awards; and, identifying persons for targeted correspondence (e.g., surveys, statistics, consultations) related to their trade(s) or their involvement in apprenticeship training. In addition, your personal information may be shared for the purposes as noted above with other Canadian jurisdictional apprenticeship bodies, your sponsor(s), educational institutions, training providers, regulatory authorities, and municipal, provincial, and federal governments where the information is required for them to fulfill their legal responsibilities or manage apprenticeship-related programs. If you have any questions about the management of your personal information, please contact us by email at [privacy@skilledtradesbc.ca](mailto:privacy@skilledtradesbc.ca) or by phone at 1-866-660-6011.

By signing this form, I certify that the information collected on this form is accurate and complete that I have read and understand the Privacy Notice and consent to the collection, use and disclosure of my personal information.

Applicant Name (Print):	Applicant Signature:	Date:  (MM/DD/YYYY)
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