

SKILLED TRADES CERTIFICATION LEVEL PLACEMENT EXAM APPLICATION

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 apply to write a level exam for placement into the apprenticeship program under [Skilled Trades Certification](#).

1. Complete the self-assessment for your trade located on the website: www.skilledtradesbc.ca/skilledtradescertification/self-assessment-forms
2. Attach a copy of your self-assessment document when submitting this application.

1. APPLICANT INFORMATION

SkilledTradesBC Individual ID#:

Program (Trade) Name:

Level (select one):

☐ Level 1 ☐ Level 2 ☐ Level 3

Legal First Name:

Legal Middle Name(s):

Legal Last Name:

Date of Birth (MM/DD/YYYY):

Gender:

☐ Man ☐ Woman ☐ Non-Binary ☐ Prefer not to answer

Mailing Address

City

Province

Postal Code

Phone Number (XXX) XXX-XXXX

Email Address

*Do you identify as an Indigenous person?

☐ Yes ☐ No ☐ Prefer not to answer

If yes, do you identify as First Nations, Métis, or Inuk (Inuit)? Select all that apply.

☐ First Nations ☐ Métis ☐ Inuk (Inuit) ☐ Prefer not to answer

- **If Registered with a Sponsor** - complete **section 2 and 3** of this form along with your sponsor
- **If Not Registered with a Sponsor** - complete **section 2 and 4** of this form along with a journey person who can attest to your current experience

2. APPLICANT DECLARATION

I confirm that I have completed the self-assessment for this level and achieved a score of 65% or higher. I confirm that I have reviewed the results of my self-assessment with my sponsor or a certified journey person.

☐ YES

☐ NO

I am currently an apprentice registered with a sponsor (If 'NO', please have certified journey person complete section 4)

☐ YES

☐ NO

I am aware my sponsor will receive the results of my exam and may be contacted to assess my readiness.

☐ YES

☐ NO

I understand that I am limited to two writes of this level exam.

☐ YES

☐ NO

I attached a copy of my self-assessment with this application:

☐ YES

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3. SPONSOR DECLARATION

Legal First Name:

Legal Last Name:

Name of Organization:

Organization ID# (optional):

Work Phone Number: (XXX) XXX-XXXX

Work Email Address:

I confirm that this apprentice has completed the self-assessment accurately for this level and trade and has reviewed it with me, and I support their application to write a level exam for placement into the apprenticeship program.

☐ YES

☐ NO

I confirm that this apprentice has completed **1,800 hours** (approximately 1 year) for each applied level and trade.

☐ **Level 1: 1800 hours**

☐ **Level 2: 3600 hours**

☐ **Level 3: 5400 hours**

(These hours are part of the eligibility criteria for the Level Placement Exam and will not be recorded on the individual file by signing off this form).

☐ YES

☐ NO

I understand that apprentices are limited to two writes of this level exam.

☐ YES

☐ NO

4. JOURNEYPERSON DECLARATION (only to be used if applicant does not have a sponsor)

Legal First Name:

Legal Last Name:

Canadian Issued Certificate Number:

I confirm that this applicant has completed the self-assessment accurately for this level and trade and has reviewed it with me and I support their application to write a level exam for placement into the apprenticeship program.

☐ YES

☐ NO

I confirm that this applicant has completed **1,800 hours** (approximately 1 year) for each applied level and trade.

☐ **Level 1: 1800 hours**

☐ **Level 2: 3600 hours**

☐ **Level 3: 5400 hours**

(These hours are part of the eligibility criteria for the Level Placement Exam and will not be recorded on the individual file by signing off this form).

☐ YES

☐ NO

I understand that applicants are limited to two writes of this level exam.

☐ YES

☐ NO

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5. APPLICANT 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 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.

Signature of the applicant:

Date (MM/DD/YYYY)

6. SPONSOR/ JOURNEYPERSON SIGNATURE

Personal information recorded on this form is collected, used, disclosed, and managed in accordance with *B.C.'s Freedom of Information and Protection of Privacy Act*.

I certify, to the best of my knowledge, that the information I provided above is accurate.

Signature of sponsor representative or Journeyperson

Date (MM/DD/YYYY)