

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

Use this form is to apply to write a level exam for placement into an apprenticeship program and to receive credit for the applicable technical training level within that program.

NOTE FOR SKILLED TRADE CERTIFICATION TRADE APPLICANTS:

- If interested in applying to write a level exam in a Skilled Trades Certification Trade (STC Trade), you must first complete the self-assessment located on SkilledTradesBC website: www.skilledtradesbc.ca/skilledtradescertification/self-assessment-forms
- Once you receive a result on the self-assessment of 65% or higher, attach a copy of your self-assessment results to this application.
- Any applicants wishing to challenge a Skilled Trades Certification trade (STC trade) level exam must register as an apprentice prior to submitting this application.

1. APPLICANT INFORMATION		
SkilledTradesBC Individual ID# (if applicable):	*Program (Trade) Name:	*Level Wishing to Challenge
		☐ 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 ☐ Pro	efer not to answer
*Mailing Address		
*City	*Province	*Postal Code
*Phone Number	*Email Address	
*Do you self-identify as an Indigenous person?		
☐ Yes ☐ No ☐ Prefer not to answer		
2. APPLICANT DECLARATION		
FOR COMPLETION BY ALL APPLICAN	TS	
I confirm that I have included in this applicat each level including the level and trade refere	ion evidence of on-the-job training hours equivalenced in this application.	ent to 1,800 hours (approximately 1 year) for
☐ Level 1: 1800 hours ☐ l	Level 2: 3600 hours	5400 hours
I understand that I am limited to two attempt	s for this level exam.	
□ YES □ NO		
	0% or greater to be successful in challenging a leve	l exam.
□ YES □ NO		
If an apprentice registered with SkilledTrades my readiness.	sBC, I am aware my sponsor will receive the result	s of my exam and may be contacted to assess
□ YES □ NO		



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ADDITIONAL REQUIREMENTS FOR APPLICANTS IN STC TRADES

I confirm that I have completed the self-assessment for the level referenced in this application and achieved a score of 65% or higher. I confirm that I have reviewed the results of my self-assessment with my employer or a certified journeyperson.			
□ YES	□NO		
I have attached	l a copy of my self-assessment wit	th this application:	
☐ YES	□NO		
3. SPONSO	R/JOURNEYPERSON DECLA	ARATION	
		ion Trades, individuals who are no rson declare their work experience	
*Legal First Name	e:	*Legal Last Name:	
*Name of Organiz	zation:		Organization ID# (optional):
*Business Phone	Number: *	*Business Email Address:	
()			
I confirm that the applicant has on-the-job training hours equivalent to 1,800 hours (approximately 1 year) for each level including the level and trade referenced in this application.			
☐ Level 1: 180		vel 2: 3600 hours	el 3: 5400 hours
☐ YES	□ NO	ever rucement Exam and will not be recorded	on the marvidum me by signing on this form).
	nat applicants are limited to two w	vrites of this level exam.	
□ YES	□NO		
I understand th	nat applicants must achieve a scor	re of 70% or better to be successful in chal	lenging the level exam.
☐ YES	□NO		
ADDITIONAL REQUIREMENTS FOR APPLICANTS IN SKILLED TRADE CERTIFICATION TRADES			
		ompleted the self-assessment accurately followed exam referenced in this application.	or this level and trade and has reviewed it with me,
□ YES	□NO		



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Personal information recorded on this form is collected, used, disclosed, and managed in accordance with R.C.'s Preedom of Information and Protection of Partacy Let. Signature of sponsor representative or fourneyperson	4. SPONSOR/ JOURNEYPERSON SIGNATURE					
Signature of sponsor representative or Journeyperson						
5. EXAM DETAILS Program (Trade) Name	I certify, to the best of my knowled	I certify, to the best of my knowledge, that the information I provided above is accurate.				
Preferred Exam Date (MM/DD/YYYY) Presser Check One: Level	*Signature of sponsor representati	ve or Journeypers	son		*Date (MM/DD/YYYY)	
Preferred Exam Date (MM/DD/YYYY) Presser Check One: Level						
Preferred Exam Date (MM/DD/YYYY) Presser Check One: Level						
Where would you like to write your exam (or if already scheduled, where is your exam booked for writing)? Please Check One: Burnaby	5. EXAM DETAILS					
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Burnaby Fort St. John Nanaimo Surrey Chilliwack Kamloops Penticton Victoria Gourtenay Kelowna Prince George Golden For available locations, go to: http://servicebc.gov.bc.ca/locations For available locations			☐ Level			
Courtenay Kelowna Prince George Golden	Where would you like to wri	te your exam (or if already scheduled, wh	ere is your exam	booked for writing)? Please Check One:	
Courtenay Kelowna Prince George Golden	□ Burnaby	□Fort St. John	□Nanaimo	□Sur	теу	
Service BC Location:	□ Chilliwack	□Kamloops	☐ Penticton	□Vic	toria	
Complete this section if you would like support in writing your exam (see SkilledTradesBC's Exam Accommodations Policy for more information: https://www.skilledtradesbc.ca/policies-and-hylaws If you would like an accommodation (exam support), please review Appendix A - List of Available Accommodations and indicate your preference in the field below. If you request an accommodation, you may be contacted by SkilledTradesBC to help identify supports needed. If you wrote a SkilledTradesBC exam in the past and received an accommodation(s) and would like the same accommodation(s) for this exam, please indicate in the field below the type of accommodation(s) you received previously. Please also check the box. Check this box if you received an accommodation(s) for a previous SkilledTradesBC exam. Check this box if you received an accommodation(s) for a previous SkilledTradesBC exam. Completed Credit Card Transaction Number: Cheque or money order (please attach) Cheque or money order (please attach) Cash, credit or debit card, paid in person at SkilledTradesBC or attach) Service BC (attach photocopy of receipt) 8. APPLICANT SIGNATURE By signing below, I am consenting to the collection, use, and disclosure of my personal information by SkilledTradesBC which is managed in accordance with B.C.'s Freedom of Information and Protection of Privacy Act (FOIPPA) and the Skilled TradesBC's Privacy Management Policy (available on SkilledTradesBC's Privacy Officer at privacy@skilledTradesBC's Privacy Officer at privacy@skilledTradesBC.	□ Courtenay	□Kelowna	☐ Prince George	□G	olden	
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*Signature of applicant: *Date (MM/DD/YYYY)	1 1					
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1 APPENDIX A - LIST OF AVAILABLE EXAM ACCOMMODATIONS (EXAM SUPPORTS)

The table below outlines accommodations available to support individuals writing their SkilledTradesBC exam.

Accommodation Option	Description		
Blue Paper	The exam is printed on blue-coloured paper, which may have a calming effect or help with reading challenges.		
Increased font size	The exam is printed in larger font, which may assist with reading comprehension or impaired vision.		
Straight edge	The candidate is provided a straight edge, which may help with the reading of an exam or blocking of exam questions.		
Earplugs	The candidate is provided earplugs, which may help block out noise and distractions during the exam		
Language dictionary	The candidate is permitted to bring a language dictionary during the exam, that translates words from English to their language of choice. The dictionary may not provide definitions but only direct, word-to-word translations.		
	NOTE: The candidate must supply their own language dictionary for use.		
Sign language interpreter (SkilledTradesBC or Self-provided)	The candidate may have a sign language interpreter attend the exam to sign the contents of the written exam.		
	NOTE: A candidate using a sign language interpreter is provided a one-hour time extension and a private room to complete their exam. If this option is chosen, SkilledTradesBC will contact the candidate to discuss details of this support.		
Translator (Self-provided)	The candidate may have a translator attend the exam and verbally translate the written exam into the candidate's chosen language.		
	NOTE: A candidate using a translator is provided a one-hour time extension and a private room to complete their exam. If this option is chosen, SkilledTradesBC will contact the candidate to discuss details of this support. Translators must be supplied by the candidate and the candidate must provide a completed Translator/Reader Declaration form with the application. The form can be found at https://skilledtradesbc.ca/exam-accommodations		
Reader (SkilledTradesBC or Self-provided)	The candidate may have a reader attend the exam and verbally read the exam to the candidate.		
	NOTE: A candidate using a reader is provided a one-hour time extension and a private room to complete their exam. If this option is chosen, SkilledTradesBC will contact the candidate to discuss details of this support. If the candidate is bringing their own reader, they must provide a completed Translator/Reader Declaration form with the application. The form can be found at https://skilledtradesbc.ca/exam-accommodations		
Text-to-speech software (Digital Reader)	The candidate is provided with an SkilledTradesBC device that contains a text-to-speech software program, which read aloud the contents of the exam. The candidate can control exam sections which may be read aloud and the speed of the reading.		
	NOTE: A candidate using text-to-speech software is provided a one-hour time extension and a private room to complete their exam.		
Bilingual Exam (Red Seal Only)	The Red Seal exam content is printed in French.		
Extra time to write an exam	The candidate is provided with a one-hour time extension to complete their exam. A private room may be provided.		
Private sitting	The candidate is provided with a private room away from other candidates during their exam.		
Other*	If you need an accommodation that is not listed above, please indicate "Other" in section 3 of your Exam Application k ll d d ll d h f d		