



TRANSLATOR/READER DECLARATION FORM

ITA 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@itabc.ca

This form is to be completed by an individual translating or reading for an exam candidate who has been approved to receive accommodation.

1 EXAM CANDIDATE INFORMATION

ITA Individual ID #

Program (Trade) Name

Red Seal CofQ Level _____

Legal First Name

Legal Middle Name (s)

Legal Last Name

2 TRANSLATOR/READER INFORMATION

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

Email Address

Phone Number

ITA Individual ID #

3 TRANSLATOR/READER DECLARATION AND SIGNATURE

I solemnly declare that: (All items below must be checked)

- I will not disclose any information regarding the content of the examination to any party.
- I am at least 19 years old.
- I have been a translator/reader for this exam less than two times in my
- I have not translated/read for this exam in the past 90 days.
- I am not a certified journeyman, employed or have practical knowledge in the trade or related that I will be translating/reading.
- I will provide direct translation of/read aloud the printed question and answer options from the examination booklet from English into the _____ language, providing no additional information or interpretation of any kind to the candidate.
- I understand this individual exam will be monitored by an ITA invigilator and may also be recorded and reviewed.

PRIVACY NOTICE

The personal information on this form and other personal information that forms part of your apprenticeship record is collected, used and disclosed under the authority of the Freedom of Information and Protection of Privacy Act, Part 3, Division 1, Section 27 (1) (i) and is managed in accordance with that Act.

The information is used to (1) administer and monitor the apprenticeship training program in which you are enrolled, (2) administer your participation in the apprenticeship program, including the Interprovincial Standards Red Seal Program administered by the Canadian Council of Directors of Apprenticeship (CCDA), (3) plan, research and evaluate programs, (4) assist in the promotion of the apprenticeship and certification program in British Columbia, (5) identify persons for the purpose of financial awards, (6) identify persons for targeted correspondence that relates to their trade(s) or their involvement in apprenticeship training (ex: surveys, statistics, consultations).

I have read and understood the Privacy Notice and hereby authorize ITA to share my personal information record for the previously stated purpose with apprenticeship officials in other jurisdictions, my present and future sponsors, educational institutions and training providers, regulatory authorities and municipal, provincial and federal government bodies where the information is necessary for them to fulfill their legal responsibilities or manage apprenticeship-related programs.

Signature Of Translator/Reader

Date (MM/DD/YYYY)



TRANSLATOR/READER DECLARATION FORM

ITA 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@itabc.ca

Acceptable Photo Identification

Translators and Readers are required to provide valid Photo Identification on the day of exam. Do not submit originals, photocopies or write the identification number on this application. A list of acceptable photo identification is below:

- Canadian Provincial Driver's License
- Canadian Provincial Identification
- Canadian Permanent Residency Card
- Nexus Card
- BC Services Card
- Canadian Certificate of Indian Status
- Valid Passport

**Cards without an expiry date will not be accepted*