



ADD/REMOVE STAFF FORM

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This form is used to add or remove staff members or change the Primary Contact on an Organization file.

1 ORGANIZATION INFORMATION

Organization Name

Organization ID #

Mailing Address

Email Address

2 STAFF MEMBER CHANGES

Add Remove Make Primary Contact (must complete Section 3)

Legal First Name

Legal Last Name

ITA Individual ID # (leave blank for new registrations)

Date of Birth (MM/DD/YYYY)

Email Address

Phone Number

3 COMPLETE THIS SECTION ONLY IF CHANGING PRIMARY CONTACT

An organization may only have **one** Primary Contact. To change a primary contact, the **current** primary contact must sign this form. If the current primary contact is no longer with the organization, please complete the section below:

"I attest _____ is no longer the primary contact for our organization.

I, _____ am the current primary contact"

Please choose from the following options:

- Remove former Primary Contact as a staff member for the organization
 Change former Primary Contact to a secondary contact for the organization

4 ORGANIZATION APPROVAL

"I agree to allow ITA to collect and use the personal information I have provided in accordance with the Freedom of Information and Protection of Privacy Act"

Privacy Statement

Industry Training Authority is committed to protecting the privacy of any personal information you have provided on this form and will not use or share any of this information except with your consent or as otherwise authorized under the Freedom of Information and Protection of Privacy Act.

Current Primary Name

Current Primary Signature

Date (MM/DD/YYYY)