



REQUEST FOR RECOMMENDATION FOR CERTIFICATION WELDER TRAINING PROGRAMS

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

Please print clearly and return to the address or fax above.

This form is used by sponsor of Welder to request certification of an apprentice who has completed all work-based training hours and program requirements.

INSTRUCTIONS:

If certification is recommended for the apprentice named below, complete and return Section 1 on this page and Section 2 on the following page to ITA Customer Service. Please note that trade signoff must be provided by a Journeyperson certified as a Welder at a level the same or higher than the apprentice. If certification is not recommended, complete and return Sections 3 and 4 on the following page.

Sponsor Information

Name of Organization:		Organization ID # (if already registered):
Suite Number:	Mailing Address:	
City:	Province:	Postal Code:
Email Address:	Phone Number and Extension: ()	Fax Number: ()
Name of Primary Contact:	Date of Birth (MM/DD/YYYY):	ITA Individual ID (if already registered):

Section 1: Recommendation for Certification by Sponsor and Certified Tradesperson

Apprentice Information

ITA Individual ID:(leave blank for new registration)	Program (Trade): <i>check one</i> <input type="checkbox"/> Welder Apprenticeship <input type="checkbox"/> Multi-Process Alloy Welding Endorsement		
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"/> Prefer not to answer		
Suite Number:	Mailing Address:		
City:	Province:	Postal Code:	
Phone Number: ()	Secondary Phone Number: ()	Email Address	



**REQUEST FOR
RECOMMENDATION FOR CERTIFICATION
WELDER TRAINING PROGRAMS**

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1. I/We hereby confirm that the Welder Logbook has been examined for the above named apprentice and confirm that she/he has completed all of the required competency areas for this program.
2. I/We hereby confirm that these competency areas have been signed-off in the logbook by a qualified individual/individuals.
3. I/We hereby confirm that the apprentice named above is working at the competency level of a certified tradesperson and recommend certification.

Sponsor Signature

Date

Signature of certified Welder

Name (please print) of certified Welder

ITA Welder
Certificate #

Date



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SECTION 2: Trainee/Apprentice Acknowledgement

The decision of my sponsor has been discussed with me.

Apprentice Signature: _____

ITA Individual ID: _____

Date: _____

SECTION 3: Certification Not Recommended By Sponsor

RATIONALE:

If you do not recommend certification for the apprentice please indicate the reason(s) below and provide a date on which the ITA should send a request for recommendation for certification again. Signature of an authorized representative of the sponsor is also required.

Date for ITA to re-send Request for Recommendation for Certification: _____

Sponsor Signature: _____

ITA Individual ID: _____

Date: _____

SECTION 4: Trainee/Apprentice Acknowledgement

The decision of my sponsor has been discussed with me.

Apprentice Signature: _____

ITA Individual ID: _____

Date: _____