



# PROOF OF UPGRADING FORM

ITA Customer Service  
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**THIS FORM IS USED BY EXAM CANDIDATES WHO REQUIRE PROOF OF UPGRADING, PLEASE COMPLETE AND ATTACH WITH YOUR EXAMINATION APPLICATION.**

## A. Individual Information

Please print clearly and return form to the address noted above

ITA Individual ID #:		Date of Birth (MM/DD/YYYY):
Legal First Name:	Legal Middle Name (s):	Legal Last Name:
Phone Number: ( )	Secondary Phone Number: ( )	*Email Address:

## B. Upgrading Information

Program (Trade):	Type of Upgrading: <input type="checkbox"/> Upgrading/Refresher Course <input type="checkbox"/> Tutor <input type="checkbox"/> Last level of technical training (approximately 35 hrs)
Instructor (Tutor) Name:	Instructor (Tutor) Phone:
Organization/Training Provider Name:	Date of Upgrading: (MM/DD/YYYY):
Address:	
Instructor (Tutor) Signature:	

### 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 or challenge 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.*

**By signing this form, I represent and warrant that all information I provide to ITA to the best of my knowledge is true, accurate, current and complete and that I will update the information as required so that it remains true, accurate, current and complete.**

Applicant's Signature:	Date (MM/DD/YYYY):
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