



ITA TECHNICAL TRAINING RESULT REPORT

ITA Customer Service
800 - 8100 Granville Ave
Richmond, BC V6Y 3T6
Tel: 778-328-8700
Toll Free: 1-866-660-6011
examrequest@itabc.ca

Please complete this form and **email it to ITA no later than 15 days after class end-date**. Missing information may delay the process. The completed form should be emailed to examrequest@itabc.ca

1 GENERAL INFORMATION

Training Provider Name	Training Provider Location	Instructor Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Training Provider Session ID	Program and Level	Start Date (mm/dd/yyyy)	End date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*If Applicable, please indicate if student has completed Gap Training.

2 TECHNICAL TRAINING RESULTS

ITA Individual ID #	Legal Last Name	Legal First Name	Result (%)	*Completed Gap Training	ITA Use Only
1				<input type="checkbox"/>	
2				<input type="checkbox"/>	
3				<input type="checkbox"/>	
4				<input type="checkbox"/>	
5				<input type="checkbox"/>	
6				<input type="checkbox"/>	
7				<input type="checkbox"/>	
8				<input type="checkbox"/>	
9				<input type="checkbox"/>	
10				<input type="checkbox"/>	
11				<input type="checkbox"/>	
12				<input type="checkbox"/>	
13				<input type="checkbox"/>	
14				<input type="checkbox"/>	
15				<input type="checkbox"/>	
16				<input type="checkbox"/>	
17				<input type="checkbox"/>	
18				<input type="checkbox"/>	
19				<input type="checkbox"/>	
20				<input type="checkbox"/>	

3 SIGNATURE

Signature of authorized representative of the training provider	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>