



COMPLETION OF MODULAR WELDER C,B,A & IP

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 SUBMIT THIS FORM ALONG WITH YOUR LOGBOOK

A. Apprentice Information

Please print clearly and return form to the address noted above

| | | |
|---|---|-------------------|
| ITA Individual ID #: (leave blank for new registrations) | Program (Trade) Name: | |
| *Legal First Name: | Legal Middle Name (s): | *Legal Last Name: |
| *Date of Birth (MM/DD/YYYY): | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Disclosed | |
| Suite Number: | Mailing Address: | |
| City: | Province: | Postal Code: |
| Phone Number: () | Secondary Phone Number: () | Email Address: |
| Do you identify yourself as an indigenous person? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes are you: <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit | |

B. Certification

| | | | | |
|-----------------------|----------------------------|----------------------------|----------------------------|---|
| You are applying for: | C <input type="checkbox"/> | B <input type="checkbox"/> | A <input type="checkbox"/> | Affix Red Seal <input type="checkbox"/> |
|-----------------------|----------------------------|----------------------------|----------------------------|---|

| Certification Requirements | | |
|--|---|---|
| Welder C | Welder B | Welder A |
| Module C Technical Training Welder C Certificate of Qualification Exam 1,000 hours for CofQ <u>*note* As of Jan 2014, Welder C is replaced by Welder Foundation. Welder Foundation does not qualify for Welder C Certification</u> | Module B Technical Training (on or after April 2, 2012) Inter-Provincial (IP) Red Seal Exam 1,950 hours for CofQ 4,500 hours for CofQ and Red Seal | Module A Technical Training (on or after April 2, 2012) Inter-Provincial (IP) Red Seal Exam 3,450 hours for CofQ 4,500 hours for CofQ and Red Seal |

| Logbook Requirements | | |
|-----------------------|-----------------------|---------------------------|
| Training Endorsements | Course Endorsements | Employment Record (Hours) |
| (Completed by School) | (Completed by School) | (Completed by Employers) |

We strongly recommend sending your logbook via Registered Mail and taking photocopies of all training and employer entries as a backup.

For further information on the Welder Apprenticeship trade, please see the program profile available at www.itabc.ca/programs/welder



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C. 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 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, you represent and warrant that all information you provide to ITA is true, accurate, current and complete and that you will update the information from time to time so that it remains true, accurate, current and complete.

| | |
|----------------------|--------------------|
| Applicant Signature: | Date: (MM/DD/YYYY) |
|----------------------|--------------------|