



PUBLIC BODY RECORD REQUEST

Industry Training Authority
 Attn: Manager, Privacy and
 Information Management
 800 - 8100 Granville Ave
 Richmond, BC V6Y 3T6
 Fax: 778-328-8701
recordrequest@itabc.ca

REQUEST # _____

(To be filled out by ITA only)

This form is to be used by Public Bodies (as defined by the [Freedom of Information and Protection of Privacy Act](#)) to submit a records request to the Industry Training Authority (ITA). Complete the form and email it to recordrequest@itabc.ca, or mail or fax it to Industry Training Authority (ITA). Please ensure you sign the form prior to submitting it.

1 CONTACT INFORMATION (TO BE COMPLETED BY THE PUBLIC BODY)

Organization Name*	Contact First Name*	Contact Last Name*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Job Title*	Address*	
<input type="text"/>	<input type="text"/>	
City*	Province*	Postal Code*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number*	Secondary Phone Number	Email Address*
<input type="text"/>	<input type="text"/>	<input type="text"/>

2 RECORD REQUEST DETAILS

1) Please provide a detailed and specific description of the record you are requesting (e.g., type of information, date(s), report, etc.).

Record Request Start Date (MM/DD/YYYY)	Record Request End Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>
If the record is a request for data, please select an output format: <input type="checkbox"/> Excel <input type="checkbox"/> CSV <input type="checkbox"/> PDF	Please select a delivery method for your request. <input type="checkbox"/> Mail <input type="checkbox"/> Email

3 SIGNATURE

Personal information contained in this form is collected under B.C.'s *Freedom of Information and Protection of Privacy Act* and will be used only for the purpose of responding to your request. If you have any questions about the collection, use or disclosure of this information, please email recordrequest@itabc.ca.

Public Body Contact Signature*

Public Body Contact's Name* (Please Print) Date: (MM/DD/YYYY)*



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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

INFORMATION REQUEST ASSESSMENT (TO BE COMPLETED BY ITA)

Information Request Assessment

List the provisions under the *Freedom of Information and Protection of Privacy Act* that enable the collection, use and disclosure of personal information.

Section	Section Summary

AUTHORIZATION (TO BE COMPLETED BY ITA)

ITA Privacy Officer Signature

ITA Privacy Officer Full Name

Date: (MM/DD/YYYY)*