



ITA EXAMINATION REQUEST FORM

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 6-8 weeks prior to requested exam date. One form must be completed for each trade and exam type requested. Incomplete forms will be returned and delay the registration process. The completed form should be emailed to examrequest@itabc.ca

A. General Information

Session ID:		Exam Type: <input type="checkbox"/> Online <input type="checkbox"/> Paper		Instructor Name:
Trade Program Name:	Level of Training:	<input type="checkbox"/> Foundation	<input type="checkbox"/> CofQ	Instructor Email Address: (online exams only)
		<input type="checkbox"/> Level	<input type="checkbox"/> IPSE	
Training Provider Name:		Contact Full Name:	Contact Phone:	

A. Exam Details

Exam Date: (MM/DD/YYYY)	Exam Start Time:	Exam Location Room #:	Exam Room Capacity (#):
Exam Location, Street Address:			Exam Location City:

EXAM CANDIDATES LIST				
	Candidate's ITA Individual ID #	Candidate First Name (Given Name)	Candidate Last Name (Surname)	ITA Use Only
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