

APPRENTICE AND SPONSOR REGISTRATION

Please return to the address noted above

A. Apprentice to Complete

Please indicate if this is a: <input type="checkbox"/> New Registration <input type="checkbox"/> Update/Change to a Previous Registration		Registration Number (TWID) (if updating a previous registration):	
Legal Last Name:		Legal First Name:	Legal Middle Name (s):
Date of Birth (YYYY/MM/DD):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Suite Number:	Mailing Address:		
City:	Province: B.C.	Postal Code:	Email:
Daytime Telephone Number: ()	Home Telephone Number: ()	Fax Number: ()	

B. Sponsor to Complete

Transfer to a new Sponsor? Yes No

Sponsor Registration Number (if already registered):		Legal Name of Business:	
Suite Number:	Mailing Address:		
City:	Province: B.C.	Postal Code:	Email:
Telephone Number and Extension: ()	Fax Number: ()	Training Coordinator / Contact Person:	

Responsibilities of Sponsor:

The *Sponsor* hereby acknowledges the responsibility to:

- Ensure the *Apprentice* receives training and related practical experience under the direction of a qualified individual (certified Tradesperson or equivalent), in a work environment conducive to learning the tasks, activities and functions that form the *Industry Training Program* in which the *Apprentice* is registered;
- Enable the *Apprentice* to regularly attend *Technical Training* that is required under the *Apprentice's Industry Training Program*;
- Submit all forms and documents required by the *Industry Training Authority* to verify completion of the established standards for the *Industry Training Program*;
- Recommend the *Apprentice* for certification; the *Apprentice* has met the established standards for that program and is performing at the level of a Certified Tradesperson in the trade.

Responsibilities of Apprentice:

The *Apprentice* hereby acknowledges the responsibility to:

- Complete the required work-based training and practical experience as assigned by the *Sponsor*;
- Complete the required *Technical Training*;
- Meet any additional requirements of the *Industry Training Program* as outlined in the *Industry Training Program Profile*.

C. Apprentice and Sponsor to Complete

Change of Program? Yes No

Industry Training Program (Trade):	Apprenticeship Start Date (NOTE: if a date is not provided, or exceeds one year, the "received" date of this form will be used): (YYYY/MM/DD)
If applying for work-based training hours please complete and attach Work-Based Training Hours Report (CS005)	

Certification and authorization for collection and use of personal information:

I certify that the information I (as apprentice or sponsor) have provided is accurate. I authorize the Industry Training Authority to use the personal information on this form as well as any further information provided by me during the application process, apprenticeship training and evaluation for the administration of the apprenticeship training program, program delivery, evaluation, and certification purposes. I authorize the Industry Training Authority to disclose my personal information to other agencies and ministries of the provincial government, my present and future sponsors, educational institutions, private trainers, agencies and ministries of the federal government, and apprenticeship officials in other provinces and territories for the above purposes. I also authorize the Industry Training Authority to make the status of my certification and apprenticeship publicly available. If you have any question about your personal information, you may contact a Client Service Representative at Industry Training Authority Customer Service at 1.866.660.6011.

Apprentice's Signature:	Date: (YYYY/MM/DD)
Sponsor's Signature:	Date: (YYYY/MM/DD)