

APPLICATION TO CHALLENGE INTER-PROVINCIAL EXAMINATION LATHER (0188)

Please print clearly and return to the address noted above

Application Package Instructions

TRADE: LATHER (0188)
(Wall and Ceiling Installer)

APPLICATION PACKAGE INFORMATION:

Please review the contents of this package prior to completing.

This package contains all of the information and forms you need to apply to challenge the Inter-Provincial Examination for the trade of **LATHER**. The purpose of this package is to assist you in collecting the information necessary for us to complete the assessment of your application. The ITA will assess your work experience and determine whether you qualify to challenge the examination based on the information you supply.

The ITA will process your assessment within *60 days of receipt of your complete information* and will notify you in writing the results of your assessment. Applications will be returned if information is missing. We can not process incomplete applications.

Forms:

1. **Application to Challenge Examination** (page 2 of this package). To be completed by applicant.
2. **Applicant Work Experience Information** (page 3 of this package). To be completed and signed by applicant.
3. **Employer Declaration** (pages 4 & 5 of this package). *Note:* An Employer Declaration form must be completed and signed by any current or previous employers where you have acquired work experience you want assessed as part of your application (see page 3 section B).
4. **Document Checklist** (page 6 of this package) to be completed by applicant.
5. **Statutory Declaration** (pages 8 and 9 of this package) to be completed by applicant *if required*. See page 7 for additional information on Statutory Declarations.

All Documents must be submitted in English. Translations of documents in languages other than English must be done by a Certified Translator

- You are responsible for the cost of translation services.
- If any of your documentation is in the French language, ITA Customer Service may be able to arrange no-cost translation services on your behalf through the BC Francophone Affairs Program. (Availability of this free service should be verified by contacting ITA Customer Service prior to submitting your French language documents.)
- For a list of certified translators, contact the Society of Translators and Interpreters of British Columbia, or visit their web site at <http://www.stibc.org/directory.php>.

If you have any questions regarding the completion of this Challenge Assessment application, contact **ITA Customer Service** (see above for contact information) or send an email to:
itacustomerservice@gov.bc.ca

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A. Applicant's Information

Please print clearly and return to the address noted above.

Registration Number (TWID):					
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. Examination Details

Is this examination a re-write? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date of last exam: _____	Please indicate the earliest date you are available to write this examination (YYYY/MM/DD): _____
Please indicate your preferred location for examination: <input type="checkbox"/> ITA Customer Service <input type="checkbox"/> Vernon <input type="checkbox"/> Victoria <input type="checkbox"/> Maple Ridge <input type="checkbox"/> Chilliwack <input type="checkbox"/> Prince George <input type="checkbox"/> Other (please indicate) _____	

C. Fees

If you are applying to write a Certificate of Qualification or IP examination on a challenge basis, there is a fee of \$120.00 to cover the cost of assessing documentation of required work experience (time in the trade). There is no fee for a first Certificate of Qualification or IP exam attempt. There is a \$100 fee for all subsequent attempts.

Note: *There may be requirements for upgrading prior to re-writes. Contact ITA Customer Service if you have questions regarding re-write eligibility.*

CASH, CHEQUE, OR MONEY ORDER
made payable to:
THE MINISTER OF FINANCE AND CORPORATE RELATIONS
Please do not send cash in the mail.

For Office Use Only

Date Screened:	Missing Information	Results
Application Status <input type="checkbox"/> Application Complete – Assigned to Assessor <input type="checkbox"/> Application Incomplete – Returned to Applicant		Hours: Required: 6,750 Reported: Scope: Required: 70% Reported

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Applicant Work Experience Information

TRADE: LATHER (0188)

A: Applicant Information

Legal Last Name:	Legal First Name:	Legal Middle Name(s):
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To qualify to challenge an Inter-Provincial examination as a **Lather**, you must provide proof of having worked a minimum of **6,750 hours** performing the tasks listed on the *Employer Declaration* (page 5). In general your work experience should cover at least 70% of the tasks listed in Part 2 of the Employers Declaration (page 5).

B: Employment Summary Information

Name of Organization/Employer(s) *	Dates of Employment	Total # of Hours of Experience
	From: To: (YYYY/MM/DD)	
	From: To: (YYYY/MM/DD)	
	From: To: (YYYY/MM/DD)	
	From: To: (YYYY/MM/DD)	

***Note:** An *Employer Declaration* form (pages 4 and 5) must be completed by each of the Employers listed above. See *Employer Declaration* Instructions to Employers for additional information.

Certification and authorization for collection and use of personal information: I certify that the information I (as applicant or employer) 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.

Applicant Signature:	Date: (YYYY/MM/DD)
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Employer Declaration – Part 2

LATHER	Declaration Response
<p>By checking yes or no, indicate in the Declaration Response column whether you performed the following tasks during your period of employment with the organization indicated on Part 1 of the Statutory Declaration. <i>Cross out any tasks that were not performed.</i></p>	
<p>Occupational Skills <i>Includes:</i> Interpreting occupational documentation; organizing work; laying out work; using and maintaining tools and equipment.</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p>Framing <i>Includes:</i> Erecting non-load-bearing steel studs; and erecting load-bearing steel studs.</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p>Interior <i>Includes:</i> Installing access flooring systems, wall systems, ceiling systems, and sound barriers and lead shielding; and finishing drywall.</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p>Exterior <i>Includes:</i> Installing membranes and exterior finishes.</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p>Other Tasks <i>Includes:</i> Please identify any other tasks that have been assigned, if applicable to this trade.</p>	

Certification and authorization for collection and use of personal information: I certify that the information I (as applicant or employer) 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.

Employer Signature:	Date: (YYYY/MM/DD)
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DOCUMENTATION CHECKLIST

To avoid delays in processing, please use the following checklist to ensure the required documentation is attached to your application and all forms are complete. **We can not process incomplete applications.**

ALL APPLICABLE BOXES MUST BE CHECKED OFF:

- All documents, including letters and certificates, are originals or *certified true copies* of originals, in the English language.
- Any translations have been performed by Certified Translators.
- The Applicant has completed in full the **Application to Challenge** (Page 2 of this package)
- The Applicant has completed in full and signed, the **Applicant Work Experience Information** (Page 3 of this package)
- Each Employer has completed in full and signed, the **Employer Declaration** (Page 4 & 5 of this package).
- The information contained on each **Employer Declaration** form matches the information declared on the **Applicant Work Experience Information** form.
- A Statutory Declaration is enclosed in situations when an Employer Declaration is not available. *See Statutory Declaration information on page 7 of this package.*
- A cheque in the amount of \$120.00 has been enclosed for your Challenge Work-Experience Assessment.

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Statutory Declarations

A Statutory Declaration form may be used to document time worked in a trade when applying to challenge an Inter-Provincial examination **only due to the following circumstances**:

1. The firm is no longer in business and the principals cannot be located.
2. The owner/manager is deceased and complete employment records are not available.
3. The firm is located overseas and extreme difficulties are encountered in trying to get the documentation.
4. The applicant has been self-employed as an owner/operator of a business.
5. A firm refuses to issue a letter to document time worked in a trade.

A Statutory Declaration, using the form that is provided on pages 8 and 9 of this package, must be completed **for each place of employment** for which you are unable to provide an Employer Declaration.

Important: The Statutory Declaration form is comprised of **Part 1 (page 8) and Part 2 (page 9)**. It must be completed for each place of employment you cannot obtain documentation for, and must be sworn before a Lawyer, Notary Public, or Commissioner of Oaths for the Province of British Columbia. Please make additional copies of the Statutory Declaration form as needed.

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Statutory Declaration – Part 2

LATHER	Declaration Response
<p>By checking yes or no, indicate in the Declaration Response column whether you performed the following tasks during your period of employment with the organization indicated on Part 1 of the Statutory Declaration. <i>Cross out any tasks that were not performed.</i></p>	
<p>Occupational Skills <i>Includes:</i> Interpreting occupational documentation; organizing work; laying out work; using and maintaining tools and equipment.</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p>Framing <i>Includes:</i> Erecting non-load-bearing steel studs; and erecting load-bearing steel studs.</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p>Interior <i>Includes:</i> Installing access flooring systems, wall systems, ceiling systems, and sound barriers and lead shielding; and finishing drywall.</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p>Exterior <i>Includes:</i> Installing membranes and exterior finishes.</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p>Other Tasks <i>Includes:</i> Please identify any other tasks that have been assigned, if applicable to this trade.</p>	

I solemnly declare that the information provided in this Declaration, to the best of my knowledge, is true.

Applicant's Signature:	Date: (YYYY/MM/DD)
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This section to be completed by: Declaration of Official

Last Name:	First Name:
Occupation: : <input type="checkbox"/> Commissioner for Oaths <input type="checkbox"/> Notary Public <input type="checkbox"/> Lawyer	
Address:	
Telephone Number:	Declared before me on Date: (YYYY/MM/DD)
Signed at: (City, Province)	Signature of Official:

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INTER-PROVINCIAL EXAMINATION INFORMATION

The following information is offered as a guide to make you aware of the topics that will be covered in the inter-provincial theoretical examination.

Section	Title	Exam Weightings
1	Occupational Skills	18%
2	Framing	30%
3	Interior	37%
4	Exterior	15%

- This is a multiple choice examination.
- Maximum time allowed for this examination is 3 hours.
- Passing Standard is 70%.
- This information is subject to change without notice; consult the relevant program profile on the ITA website at www.itabc.ca.