

READER DECLARATION

Please print clearly and return form to the address noted above.

A. Applicant's Information

Legal Last Name:	Legal First Name:	Legal Middle Name:
Industry Training Program (Trade) in which you are being examined:		ITA Individual ID Number:
Type: <input type="checkbox"/> IPSE <input type="checkbox"/> C of Q <input type="checkbox"/> Level __		

B. Reader Information

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	ITA Individual ID Number:
Suite Number:	Mailing Address:	
City:	Province: B.C.	Postal Code:
Telephone Number: ()		ID Number:
Type of ID: <input type="checkbox"/> British Columbia Identification Card <input type="checkbox"/> Canadian Driver's License <input type="checkbox"/> Canada/US passport <input type="checkbox"/> Canadian Permanent Residency Card <input type="checkbox"/> Certificate of Indian Status (Canada)		

C. Reader Declaration

I solemnly declare that:

- I am not a certified journeyman, employed or have practical knowledge in the _____ trade or a related trade.
- I will read aloud the printed questions and answer options on the examination sheet, providing no additional information or interpretation of any kind to the candidate.
- I will not assist the candidate in any manner to answer questions. I will not provide any prohibited assistance such as performing any calculations, measurements, or marking answer selections on behalf of the candidate.
- I have been a Reader for this exam less than two times.
- I will not disclose any information regarding the content of the examination to any party.
- I understand that this individual exam session will be monitored by an ITA invigilator and may also be recorded and reviewed.

Date

Signature of Reader

Please Note: Readers must bring the same photo identification identified above to the exam session.