

Request for Review of Decision or Order Form

Important: Requests for review can only be made for certain kinds of SkilledTradesBC decisions and orders and can only be made on certain grounds. A request must be made within 30 days of receiving written notice of the decision or order.

Please visit the following webpages for more important information or contact SkilledTradesBC Customer Service at the information listed below:

T: 778-328-8700

Toll Free in BC: 1-866-660-6011

customerservice@skilledtradesbc.ca

The following documents are available at: <https://www.skilledtradesbc.ca/about-skilledtradesbc/policies-bylaws>

- SkilledTradesBC Requests for Review Factsheet
- SkilledTradesBC Requests for Review Policy
- Skilled Trades BC Act
- Minister’s Skilled Trades BC Regulation
- Skilled Trades BC Regulation

1) Applicant Information

I am an ___Apprentice ___ an Employer ___a Worker ___Other _____
(please describe)

2) Contact Information (Please contact SkilledTradesBC in writing if this information changes)

| | | | |
|-----------|------------|-------------|--|
| Last Name | First Name | Middle Name | SkilledTradesBC ID # <small>(if applicable)</small> |
| _____ | _____ | _____ | _____ |

Mailing Address:

| | | | |
|-------|----------|-------------|---------------|
| City | Province | Postal Code | Email Address |
| _____ | _____ | _____ | _____ |

| | | |
|---|---|--|
| Mobile phone number <small>(include area code)</small> | Business phone number <small>(include area code)</small> | Fax number <small>(include area code)</small> |
| _____ | _____ | _____ |

3) Request for Review

1. Indicate in Section 3A what kind of SkilledTradesBC decision or order you wish to request a review of, by checking the appropriate box.
2. Attach a copy of the decision or order in question to this form.
3. Describe the grounds for review that you believe apply to your request in Section 3B, by checking the appropriate box or boxes.
4. Include a summary of your reasons for requesting a review in Section 3C (if further space is required, please attach additional pages).
5. Include any records or other evidence you have to support your request. This may include additional documentation, signed statements, affidavits, or any other evidence that you believe is relevant to your request for review.
6. Complete all other sections of this form.

A. Category of SkilledTradesBC Decision or Order

I am requesting a review of, the following SkilledTradesBC decision or order (*Please check only one box below. If you wish to request a review of more than one decision or order, please complete a separate form for each decision or order.*)

| | |
|--|---|
| | A refusal by SkilledTradesBC to award an industry training credential |
| | A refusal by SkilledTradesBC to determine that a person is a trade qualifier |
| | The suspension or cancellation by SkilledTradesBC of a person’s industry training credential |
| | A refusal by SkilledTradesBC to register a person as an apprentice |
| | Cancellation by SkilledTradesBC of a person’s registration as an apprentice |
| | An examination or assessment by SkilledTradesBC of a person’s training |
| | A refusal by SkilledTradesBC to issue a person a temporary authorization under section 31 of the <i>Skilled Trades BC Act</i> |
| | A refusal by SkilledTradesBC to grant a supervision ratio adjustment under section 33 of the <i>Skilled Trades BC Act</i> |
| | The issuance by a SkilledTradesBC compliance officer (also referred to as a Skilled Trades Certification Advisor) of a written warning under section 37 of the <i>Skilled Trades BC Act</i> for |

| | |
|--|---|
| | <p>contravening any of the following requirements of the <i>Skilled Trades BC Act</i>:</p> <ul style="list-style-type: none"> • Requirements to only work, or only employ a person, in a skilled trades certification trade with the appropriate registration or authorization in place (section 26 of the <i>Skilled Trades BC Act</i>) • Requirements to maintain, and produce upon request, records of skilled trades certification trade qualifications (section 30(2) of the <i>Skilled Trades BC Act</i>) • Requirements to comply with established supervision ratios (section 32 of the <i>Skilled Trades BC Act</i>), or supervision ratio adjustments (section 33 of the <i>Skilled Trades BC Act</i>) |
| | <p>The issuance by a SkilledTradesBC compliance officer (also referred to as a Skilled Trades Certification Advisor) of a compliance order under section 38 of the <i>Skilled Trades BC Act</i></p> |
| | <p>The imposition by a SkilledTradesBC compliance officer (also referred to as a Skilled Trades Certification Advisor) or another officer or employee of SkilledTradesBC of an administrative monetary penalty under section 39 of the <i>Skilled Trades BC Act</i></p> |

I have included a copy of the SkilledTradesBC decision or order related to the request for review.

B. Grounds for Review

My request for review is based on one or more of the following grounds (*check all that apply*):

| | |
|--|--|
| | <p>An error in a matter of fact or law</p> |
| | <p>New evidence</p> |
| | <p>A failure to observe the principles of natural justice and procedural fairness in making the decision</p> |

Please see the SkilledTradesBC Request for Reviews Factsheet for more information on the grounds for review.

C. Summary of Reasons for Requesting a Review

Please be specific about your reason for requesting a review, referencing the ground(s) that you have indicated above as they relate to the SkilledTradesBC decision or order that you are requesting be reviewed. You can add up to an addition 5 pages if you need more space.

4) Identify who will communicate with SkilledTradesBC about this request for review (Please contact SkilledTradesBC in writing if this information changes)

Please check (✓) only one.

I will communicate with SkilledTradesBC regarding this request for review.

The person named in Appendix A of this Request for Review of Decision or Order Form will communicate with SkilledTradesBC on my behalf regarding this request for review. *(If this option is selected, please complete and submit Appendix A of this form.)*

5) Applicant's Confirmation and Consent:

The information I have provided in this form is true and accurate to the best of my knowledge and belief.

I understand that SkilledTradesBC collects, uses, and discloses personal information for purposes relating to processing, addressing, and determining requests for review, and that SkilledTradesBC may obtain and view, for these purposes, a copy of any and all records relating to the decision or order for which I am requesting a review or that are relevant to my request for review.

I consent to the collection, use, and disclosure of my personal information by SkilledTradesBC as reasonably necessary for the purposes of this request for review.

Applicant's Name
(Please print)

Applicant's Signature

Date Signed
(yyyy-mm-dd)

Once completed, please send your form and all attachments to:

Review Officer, SkilledTradesBC
8100 Granville Avenue, Richmond, BC. V6Y 3T8
Facsimile: 778-785-2401
Email: reviewofficer@SkilledTradesBC.ca

SkilledTradesBC Review Officer will respond to your request for review within **120 days** from the date of receipt of your request. SkilledTradesBC Review Officer may also request more information from you.

Please see the SkilledTradesBC Requests for Review Factsheet and Policy for more information on how the Review Officer addresses requests for review.

APPENDIX A – Representative Authorization

(Complete this Appendix A if you are authorizing another person to communicate with SkilledTradesBC on your behalf for the purposes of your request for review of a SkilledTradesBC decision or order.)

I, _____ (*please print name of Applicant*), authorize _____ (*please print name of representative*) to communicate with SkilledTradesBC on my behalf for my request for review to SkilledTradesBC as set out in the Request for Review of Decision or Order form to which this Representative Authorization is attached. I consent to SkilledTradesBC disclosing to my representative my personal information for the purposes of processing, addressing, and determining my request for review. This authorization will remain in effect for the duration of time needed for SkilledTradesBC to address my request for review, unless I notify SkilledTradesBC in writing that the authorization is to be cancelled.

Signature of Applicant

Date

Witness
(The witness must be someone other than the Representative)

Date

Representative Information

Last Name First Name Business Name (if applicable)

Relationship with Applicant:

Mailing Address:

City Province Postal Code Email Address

Business phone number Home phone number Fax number
(include area code) (include area code) (include area code)
