

REQUEST # \_\_\_\_\_  
(To be filled out by SkilledTradesBC only)

Complete the form and email it to [recordrequest@skilledtradesbc.ca](mailto:recordrequest@skilledtradesbc.ca), or mail or fax it to Industry Training Authority (SkilledTradesBC). Please ensure you sign the form prior to submitting it.

## 1 CONTACT INFORMATION

Business/Organization Name		
<input type="text"/>		
First Name	Middle Name (s)	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		
City	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Secondary Phone Number	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 2 RECORD REQUEST DESCRIPTION

Please provide a detailed and specific description of the record you are requesting (e.g., type of information, date(s), report, etc.).

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Record Request Start Date (MM/DD/YYYY)	Record Request End Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>
If the record is a request for data, please select an output format:	Please select a delivery method for your request.
<input type="checkbox"/> Excel <input type="checkbox"/> CSV <input type="checkbox"/> PDF	<input type="checkbox"/> Mail <input type="checkbox"/> Email

## 3 SIGNATURE

Personal information contained in this form is collected under B.C.'s *Freedom of Information and Protection of Privacy Act* and will be used only for the purpose of responding to your request. If you have any questions about the collection, use or disclosure of this information, please email [recordrequest@skilledtradesbc.ca](mailto:recordrequest@skilledtradesbc.ca).

Signature	
<input type="text"/>	
Printed Full Name:	Date: (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>