

CANDIDATE APPLICATION FORM

Safety Examinations must be written under the supervision of a College approved invigilator. If you do not live within 200 km of a College approved invigilator, you may submit a request for invigilator review and approval. For details and policies, please refer to the Procedure section of the Safety Examination Guide.

Candidates who are putting forward a request for an invigilator review and approval should do so at least 60 days prior to their anticipated examination write date. Completed forms may be submitted by the following methods:

- By fax to 604-738-7171
- By email to info@ctcma.bc.ca
- By mail to: CTCMA, Safety Program, 1664 West 8th Avenue, Vancouver, BC, Canada V6J 1V4

PERSONAL INFORMATION

| | | | | | | | | |
|-----------------|--|----|--------------------|------|---------------------|----------------------------|--|--|
| Legal Last Name | | | Legal First Name | | | Legal Middle Name (if any) | | |
| Date of Birth | | MM | DD | YYYY | Registration Number | | | |
| Address: | | | | | Postal Code: | | | |
| City: | | | Province: | | Country: | | | |
| Tel: | | | Email (Mandatory): | | | | | |

INVIGILATOR INFORMATION

| | | | | | | | | |
|-------------------|--|--|------------------|--|--------------|----------------------------|--|--|
| Legal Last Name | | | Legal First Name | | | Legal Middle Name (if any) | | |
| Institution Name: | | | | | | | | |
| Address: | | | | | Postal Code: | | | |
| City: | | | Province: | | Country: | | | |
| Tel: | | | Email: | | | | | |

CANDIDATE'S SIGNATURE

| | |
|---------------------------------|---------------|
| _____ Signature of Applicant | _____ Date |
|---------------------------------|---------------|