GENERAL RECORD REQUEST

SkilledTradesBC
800 - 8100 Granville Ave
Richmond, BC V6Y 3T6
Fax: 778-328-8701
recordrequest@skilledtradesbc.ca

REQUEST # _____
(To be filled out by SkilledTradesBC only)

Complete the form and email it to 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

First Name | Middle Name (s) | Last Name

Address

City | Province | Postal Code

Phone Number | Secondary Phone Number | Email Address

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.).

Record Request Start Date (MM/DD/YYYY) | Record Request End Date (MM/DD/YYYY)

If the record is a request for data, please select an output format:

☐ Excel ☐ CSV ☐ PDF

Please select a delivery method for your request.

☐ Mail ☐ 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.

Signature

Printed Full Name: | Date: (MM/DD/YYYY)