

GAS TRAINING PROGRAM RECOGNITION APPLICATION FORM

Note: Any personal information collected is handled in accordance with the British Columbia *Freedom and Protection of Privacy Act*. If you have questions about the collection, use, or disclosure of this information, contact the Records, Information and Privacy Analyst for the Technical Safety BC at 1 866 566 7233.

A. Business Information		
Name of Institute or Company		
Street Address		
City	Province	Postal Code
Street Address of Course Location (if different than above)		
City	Province	Postal Code
Telephone Number	Website Address	

B. Contact Information	
Name and Title of the Training Providers Authorized Representative	
Telephone Number	E-mail Address

C. Program Details		
Name of Training Program		
Program Delivery Method (Select all that apply) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Distance Education <input type="checkbox"/> Hybrid <input type="checkbox"/> Self-Paced <input type="checkbox"/> Online <input type="checkbox"/> Other		
If Program Delivery Method is identified as "Other" please explain:		
Hours per week in the program	Number of training weeks	Maximum number of students per class

Technical Safety BC is working towards going paperless! Participate by [signing up](#) for email correspondence.

Instructor Name and Qualifications (include certification numbers)	
Years of Teaching Experience	Years of Practical Experience
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Instructor Name and Qualifications (include certification numbers)	
Years of Teaching Experience	Years of Practical Experience

D. Learning Resources	
Please attach the following information:	
<ul style="list-style-type: none"> • Course outline • Student training material with answer key • Instructor's guide or lesson plans • PowerPoint Presentations (and/or lecture materials) 	<ul style="list-style-type: none"> • Student Handouts • List of any exam invigilators • Written examinations with answer key • Practical assignments • Examination Protocols

<input type="checkbox"/> Checking this box and submitting this form to Technical Safety BC via email constitutes your authorization.	
Signature:	Date:

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