

## **APPLICATION FOR ADMISSION**



## **Building Code Training for Canadians**

Desired Examination Location	d Examination Location Registration Date				
PERSONAL INFORMATION		SBOA Men	nber:	No	
		SBOTT WICH		10	
Name Last Name	First Name			Initial	
Address Street or P.O. Box					
				Province	
Postal Code	Phone Home		Phone	Phone Work	
Social Insurance Number		Email Addr	ess		
Birthdate:		<u> </u>			
EDUCATION BACKGROUND					
Grade Level Obtained			Ye	ar	
Grade Level Obtained by	Elementary/High School		ABE □ GED	)	
University/Technical Institute Attendan	ace: (please indicate name o	of Diploma, Certi	ificate, etc.)		
•	☐ Degree ☐ O	_	,,		
Have you received previous training as	a Building Official?	☐ Yes	□ No		
If yes, please explain					
Have you received training in the Appro	enticeship Program?	☐ Yes	□ No		
If yes, please explain					
——————————————————————————————————————	ive as a Building Official?				
FINANCIAL INFORMATION					
Program Tuition	Program Material	Costs		<u></u>	
Method of Payment:					
☐ Cheque ☐ MasterCard	d or VISA #		Exp		
☐ Self ☐ Employer/S			глр.		
Name & Address of Employer/Sponsor					
Name of person who should receive inv	roice				
Submit Application form to:	Southeast College P.O. Box 1565 Weyburn, SK S4H 07 Phone: (306) 848-2500 Email: wbexams@sout	Fax: (30	6) 848-2517		
Please make cheques payable to Souther	east College.				

Signature of Applicant \_\_\_