



Training Report

When you have completed the form, please email it to supplierprograms@icbc.com or fax it to 604-777-4624

LEGAL NAME OF BUSINESS	OPERATING NAME (dba)	SUPPLIER NUMBER
FACILITY ADDRESS		
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS
TRAINING PERIOD	COMPLETED BY	DATE

ATS COURTESY VEHICLES <input type="checkbox"/> Own <input type="checkbox"/> Rental	FLEET NUMBER	EXPIRY DATE
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New Applicant: List all training courses and provide copies of certificates for courses attended by all technicians over the past 12 months

Annual Training: List all training courses and provide copies of certificates for courses attended by all technicians for your annual training period.

List all collision repair program qualified staff members and their certificate numbers:

Name: _____ Certificate #: _____

Provide copies of all Trade Qualifications, Exemption Permits, and Apprenticeship contracts for all technicians

TECHNICIAN / APPRENTICE FULL LEGAL NAME		DATE OF HIRE (ddmmmyyyy)	
TRADE QUALIFICATION NO.	VOC CERTIFICATE <input type="checkbox"/> No <input type="checkbox"/> Yes Certificate #: _____		
COURSE NAME(S)	COMPLETED (ddmmmyyyy)	HRS. CREDIT	

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TRADE QUALIFICATION NO.	VOC CERTIFICATE <input type="checkbox"/> No <input type="checkbox"/> Yes Certificate #: _____		
COURSE NAME(S)	COMPLETED (ddmmmyyyy)	HRS. CREDIT	

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COURSE NAME(S)	COMPLETED (ddmmmyyyy)	HRS. CREDIT	

***All painters and refinishing preps within the legislated area are required to have a VOC certificate.**

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