

# Security Training Programs Rewrite Registration Form

Lower Mainland schools only

## INSTRUCTIONS FOR SCHOOL

- This form **must** be received by the Justice Institute of B.C. by **9:00 am** the Thursday **BEFORE** a scheduled exam sitting
- Cancellations or changes to the student(s) registered must be made 3 business days prior to the exam date. You will be billed based on the number of students registered.
- If you do not receive a phone call or email from our office within 1 business day of sending us your request, contact us immediately.
- The exam will start at 9 a.m., students must arrive 15 minutes prior to start of the exam.
- The student results will be e-mailed to you.
- This rewrite registration form is **not** to be used for BST Online Students (they request through the online exam request process)
- Have questions? Call the Security Training Programs Exam Clerk at securitytraining@jibc.ca

<b>School Name</b>	<b>School #</b>
<b>School Contact Name</b>	<b>Email</b>
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>
<b>Phone number</b>	<b>Instructor Name</b>
<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>
	<b>Instructor #</b>

Fill in the information below for each student attending the JI exam sitting. We require full legal names (as it appears on the ID they will be presenting at the exam session). Please indicate (by checking off the box) which exam will be written.

**Exam Date:**

	Verifies that the student(s) listed below have completed the mandatory training requirements for the courses checked below. Please sign and date.
<b>Guarantor Name</b>	
	_____ /     /     / Year    Month    Day
<b>Guarantor Signature</b>	

Student Name Last/First/Middle Initial	Date of Birth			Exam	
	Year	Month	Day	BST	AST

**Scan and Send to: securitytraining@jibc.ca**

<b>OFFICE USE ONLY- do not write in this space</b>				
Date of Exam	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	# to bill	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	Exam    BST-
Date of Exam	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	# to bill	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	Exam    AST-