



# APPLICATION FOR ADMISSION

## Building Code Training for Canadians



Desired Examination Location \_\_\_\_\_ Registration Date \_\_\_\_\_

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### PERSONAL INFORMATION

SBOA Member:  Yes  No

Name \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Address \_\_\_\_\_ Street or P.O. Box \_\_\_\_\_ Town/City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone Home \_\_\_\_\_ Phone Work \_\_\_\_\_

Social Insurance Number \_\_\_\_\_ Email Address \_\_\_\_\_

Birthdate: \_\_\_\_\_

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### EDUCATION BACKGROUND

Grade Level Obtained \_\_\_\_\_ Year \_\_\_\_\_

Grade Level Obtained by  Elementary/High School  ABE  GED

University/Technical Institute Attendance: (please indicate name of Diploma, Certificate, etc.)

Certificate  Diploma  Degree  Other

Have you received previous training as a Building Official?  Yes  No

If yes, please explain \_\_\_\_\_

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Have you received training in the Apprenticeship Program?  Yes  No

If yes, please explain \_\_\_\_\_

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How many years' experience do you have as a Building Official? \_\_\_\_\_

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### FINANCIAL INFORMATION

Program Tuition \_\_\_\_\_ Program Material Costs \_\_\_\_\_

Method of Payment:

Self  MasterCard/VISA # Please call 1-866-999-7372  
 Employer/Sponsor

Name & Address of Employer/Sponsor \_\_\_\_\_

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Name of person who should receive invoice \_\_\_\_\_

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Submit Application form to:

**Southeast College  
P.O. Box 1565  
Weyburn, SK S4H 0T1  
Phone: (306) 637-5200  
Email: [bctc@southeastcollege.org](mailto:bctc@southeastcollege.org)**

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

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