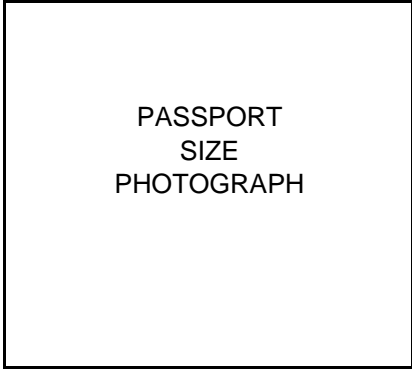


PERSONAL INFORMATION FORM



APPRENTICE INFORMATION

TRADE: _____
NAME: _____
DATE OF BIRTH: _____
DATE OF ISSUE: _____
ITA REGISTRATION NO: _____
SIGNATURE: _____

EMPLOYER INFORMATION for REGISTERED APPRENTICESHIP AGREEMENTS:

EMPLOYER INFORMATION

Apprentice YEAR: 1 2 3 4 5 (circle)

Employer: ABC Trades Employer

Full Address (Street / City / Prov / Postal) 1234 Toolbox Avenue Somewhere, BC V1V 1V1

Employer's ITA Registration No: _____ Dates of Employment: From: 2003 / January / 30
(Y/M/D) To: 2003 / November / 20

Apprentice YEAR: 1 2 3 4 5 (circle)

Employer: _____

Full Address (Street / City / Prov / Postal) _____

Employer's ITA Registration No: _____ Dates of Employment: From: _____
(Y/M/D) To: _____

Apprentice YEAR: 1 2 3 4 5 (circle)

Employer: _____

Full Address (Street / City / Prov / Postal) _____

Employer's ITA Registration No: _____ Dates of Employment: From: _____
(Y/M/D) To: _____

Apprentice YEAR: 1 2 3 4 5 (circle)

Employer: _____

Full Address (Street / City / Prov / Postal) _____

Employer's ITA Registration No: _____ Dates of Employment: From: _____
(Y/M/D) To: _____