

ONTARIO BUILDING OFFICIALS ASSOCIATION

APPLICATION

FOR PRIOR LEARNING ASSESSMENT

Last Name: _____ First Name: _____

Home Address: _____

Home Phone: _____ OBOA member #: _____

Employer: _____ Member since: _____

Business Address: _____

Business Phone: _____ Fax: _____

assessment description: _____

I, _____, hereby submit my application for Prior Learning Assessment Review and attest that the information contained herein is correct to the best of my knowledge.

I understand that this is not an application for certification, but an evaluation of equivalency only. Attach all relevant documentation as may be necessary.

Signature

Date