

# 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