**Use this form to:**

1. **Apply to have a certificate issued for a new location of instruction, or**
2. **Notify PTIB about ceasing operations at one or more locations (surrender of certificate(s)).**

Email [PTI@gov.bc.ca](mailto:PTI@gov.bc.ca) to change a minor detail for an approved location (i.e. phone number or postal code).

#### **The fee for an application to change the location from which an institution provides an approved program (including adding a location) is $500.**

#### **The fee for an application to change the location from which an institution provides only programs not requiring approval (including adding a location) is $200.** If, at a later date, the institution wishes to offer a program that requires approval from the location, the $500 fee will apply.

#### Institutions require approval from the Registrar **before** providing, or offering to provide, programs from a new location. This applies to both approved programs and programs not requiring approval.

#### Moving from one location to another requires an application for a new location and fee payment.

### Institution Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Operating name** | Enter Institution Operating Name | **Institution ID #** | Enter ID # |

|  |
| --- |
| **This is an application to:** |
| 1. ADD a new location *Fill out Section 1 of this application, and the Declaration* |
| 2. CLOSE an existing location *Fill out Section 2 of this application, and the Declaration* |
| 3. CLOSE a location AND ADD a new location *Fill out Sections 1, 2, and the Declaration* |

# 1. Add a Location

### New Location Information

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Street address Line 1** | | Enter street address | | | | | |
| **Street address Line 2** | | Enter street address | | | | | |
| **City** | Enter name of City  **Postal Code** | | | **Postal code** | | | Enter Postal Code |
| **Email address** | | | Enter email address | | | | |
| **Phone number** | | Enter phone number | | **Fax number for the address** | | | Enter fax number |
| **Purpose of location  (check all that apply)** | | | In-class instruction  Distance education  Address for Service (only one per institution)  Approval Not Required programs *ONLY* | | | | |
| **Maximum occupant load (the maximum number of persons for which a building or part thereof is designed as defined by the B.C. Fire Code)** | | | | | | Enter occupant load. | |
| **Date of possession/occupancy** | | | | | Select date. | | |
| **Date planned for first student to attend this location** | | | | | Select date. | | |
| PaperclipYou must provide a copy of your floor plans and photographs of the physical space to demonstrate that the facilities and Paperclipspace are appropriate for the programs and class sizes you intend to provide. | | | | | | | |
| PaperclipYou must **provide a copy of your business license**, if your institution is required to hold a business license   issued by a local government. If your license has not yet been issued, provide a copy of the business license   application. **The business license should indicate that the location is approved for educational activity**. | | | | | | | |
| If a license is not required, please explain why not.Help | | | | Enter explanation, if applicable. | | | |

### Shared Space

If you will share this space, please provide the following information for **each other occupant**:

|  |  |
| --- | --- |
| **Occupant name** |  |
| **Nature of occupant’s business** |  |
| **Occupant name** |  |
| **Nature of occupant’s business** |  |

If another occupant also provides career training or other instruction, please explain how you will ensure it is clear to all students at all times who is providing their instruction and to whom they should go regarding administrative issues and concerns.

|  |
| --- |
| Enter information requested above, if applicable. |

### Programs Information

List **all** programs, both approved and approval not required (ANR) that you intend to offer from the new location.

Ensure that you use the program titles as they appear on the [Private Training Institution Directory](http://www.privatetraininginstitutions.gov.bc.ca/students/pti-directory) or as they appear in any new program application currently pending.

**For programs regulated by a third party regulator** (e.g. Health Care Assistant, Early Childhood Educator, Registered Massage Therapist), **attach the regulator’s approval to deliver the program at the new location.**

|  |
| --- |
| **List of all programs to be offered from the location (or attach separate list):** |
|  |

# 2. Ceasing operations at one or more locations (surrender of certificate(s))

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **This is an application to:** | | Choose an item. | | | | | | |
| **Street address** | Enter street address | | | | | | | |
| **City** | Enter name of city | | **Province** | | Province | **Postal code** | | Postal code |
| **Email address** | | | | | Enter email address | | | |
| **Phone number** | Enter phone number | | | **Fax number for the address** | | | Enter fax number | |
| **Date of final student attendance at this location** | | | | | Select date. | | | |
| **End date of possession/occupancy** | | | | | Select date. | | | |
| **Number of students currently attending closing location** | | | | | | | Number of students | |
| **Will any students not have completed their program by the planned closing date?** | | | | | | | Choose an item. | |
| **If yes, how many? (Include students who are enrolled for a future start date.)** | | | | | | | Number of students | |
| **Will the students continue their programs from another location?** | | | | | | | Choose an item. | |
| **If yes:** *Attach a list if necessary to provide details for multiple**programs and/or locations* | | | | | | | | |
| **Address of the other location, if not the new location being applied for in this application** | | | | | Enter address of other location. | | | |
| **Distance from the closing location to the location   where students will complete their program** | | | | | Enter distance. | | | |
| **What difficulty is this distance likely to cause for  affected students?** | | | | | Enter explanation. | | | |
| **Have current students been advised of the move?** | | | | | | | Choose an item. | |
| **Please confirm that student records have been uploaded to your third party vendor.**  **If student record archiving is not up to date, specify the date by which archiving will be complete.** | | | | | | | Choose an item.  Click or tap to enter a date. | |
| Optional additional explanatory information about the surrender of the certificate for the location. | | | | | | | | |

### Declarations

### Attachments: include all that apply

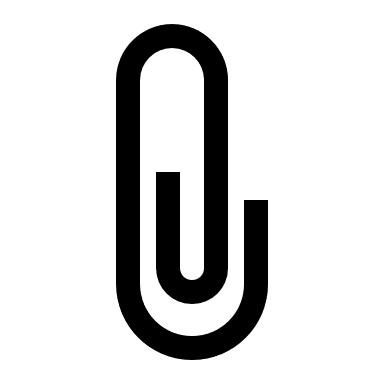
A copy of the institution’s business license for this address

A copy the floor plans for the location, and photographs of the physical space

Proof of notice to students

Program, regulatory and/or governing body approval

List of locations where affected current/enrolled students will complete their programs



**Please complete the Declarations section and submit it with your application. Electronic signatures will be accepted if this form is submitted by email by the institution’s primary or alternate contact.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I confirm I have the legal authority to act on behalf of the institution.  I confirm all the information contained in this application and any attachment is true, accurate and complete.  Personal information may be collected by the Ministry of Post-Secondary Education and Future Skills under the *Private Training Act* section 16 and under the *Freedom of Information and Protection of Privacy Act* (FOIPPA) section 61(1)(2) and (3). Personal information will be collected, used, and disclosed as necessary to assess the submission. Should you have any questions about the collection disclosure and use of this personal information, you may contact Director, Policy and Institution Certification,  Private Training Institutions Branch, Ministry of Post-Secondary Education and Future Skills, 310-601 Cordova St W, Vancouver, BC V6B 1G1 , 1-800-661-7441. | | | | | |
| I am authorized to submit personal information about others that is necessary to complete this form. | | | | | |
| Authorized By | |  | Authorized title: | Enter title | |
| Close | Signature. Must be signed | | Print name | | Date signed  Select date |

**Send completed applications and required attachments to** [**pti@gov.bc.ca**](mailto:pti@gov.bc.ca)**.**