

TEACHER QUALIFICATION SERVICE
 #106 - 1525 West 8th Avenue - Vancouver, BC V6J 1T5
 Telephone: 604-736-5484 www.tqs.bc.ca Fax: 604-736-6591

REPLACEMENT OR REVISED TQS CARD ONLY

1. Last Name: _____ Given Names in Full: _____

Previous Name(s): _____ Birth Date:

:	:	:	:	:
Month	Day	Year		

2. Home Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (_____) _____ Fax: (_____) _____

3. Photocopy of TRB/BCCT Teaching Certificate: Enclosed **OR** Coming Later/In Progress TRB/BCCT Cert. # _____
 (wallet card not acceptable) (if available)

4. I am applying for: a revised card (name or certificate change) **OR** a replacement

I am currently employed by a BC Public School - Yes: District # _____ and proof (ie: photocopy of paystub) is Enclosed

No: I am seeking employment in BC Public School District(s) # _____

5. **I understand that the responsibility for submitting the required documentation rests solely with me.**

6. I certify that the particulars set out in this application and the documentation attached are true in all respects and that no relevant information has been withheld.

7. In the event that the TQS staff deems it necessary, I grant the TQS authority to solicit additional information required to evaluate my academic and professional training from both the BC College of Teachers and institutions where I have obtained my education and professional training.

8. At the time I receive a TQS category card I will be provided with a copy of the TQS regulations including those relating to reviews and appeals. I acknowledge that, following receipt of a TQS category card, subject to TQS Policy 8.2, I will have a right to seek a review by the Director of the TQS of the category which is assigned to me and a further right to appeal the Director's decision to the Teacher Qualification Board.

9. **In evaluating the information that I submit to the TQS, whether with this application or at any other time, the TQS staff may, through negligence or otherwise, assign me a category different than the one to which I am entitled.** I acknowledge that following receipt of a TQS category card it will be my sole responsibility to ensure that I have received the correct TQS category. If I believe that an error has or may have been made, it is my responsibility to immediately initiate a review of the category assigned to me, subject to TQS Policy 8.2.

10. I have read 5-10 and I personally assume all risks in connection with the evaluation of my credentials by the TQS staff for the purpose of assigning me a TQS category and I hereby release the TQS and its directors, officers, and staff from any liability in connection with any loss or damage which I may suffer, directly or indirectly, as a result of the assignment to me of an incorrect TQS category.

Date: _____ Applicant's Signature: _____