

Insulator (Heat and Frost)

Recognized by the Provincial Apprenticeship Committee for the Insulator trade on
May 30, 2014

Successfully Completed ✓	Course Code	Course Name
<input type="checkbox"/>	INA3900	Apprenticeship Safety
<input type="checkbox"/>	INA3400	Introduction & Safety
<input type="checkbox"/>	INA3405	Construction Materials & Processes
<input type="checkbox"/>	INA3410	Bonding
<input type="checkbox"/>	INA3415	Pipe Insulation
<input type="checkbox"/>	INA3420	Tools and Materials
<input type="checkbox"/>	INA3425	Fibers & Foam
<input type="checkbox"/>	INA3430	Polystyrenes & Wraps
<input type="checkbox"/>	INA3435	Wool & Fiberglass
<input type="checkbox"/>	INA3440	Cellular Glass
<input type="checkbox"/>	INA3445	Mathematics
<input type="checkbox"/>	INA3450	Blueprints

All courses listed on this CTS Course Completion Record are required and must be instructed by an individual with journey person certification in the **Insulator (Heat and Frost)** trade i.e. an individual holding a trade certificate recognized in Alberta.

Courses listed on this CTS Course Completion Record are available at Alberta Education's website at <https://education.alberta.ca/teachers/program/cts.aspx>. Instructors are obligated to teach the courses as prescribed, approved and authorized by Alberta Education pursuant to the *Education Act*.

I CERTIFY THAT: _____ has successfully completed all courses in the
Student Name
CTS Apprenticeship Pathway for the trade of **Insulator (Heat and Frost)** on _____
Date

following the requirements for program recognition and advanced standing as referenced in the CTS Apprenticeship Pathways information document available at <http://tradesecrets.alberta.ca/about-us/forms-and-references/>.

School Name	Phone	School Authority
School Principal Signature		Name of School Principal <i>Please Print</i>
Secondary Teacher Signature		Name of Secondary Teacher <i>Please Print</i>
Journey person Instructor Signature		Name of Journey person Instructor <i>Please Print</i>
		Trade Certificate No.
For Department Use Only		
Approved by AIT Staff		Date

A COPY OF THIS FORM MUST BE RETAINED BY THE APPLICANT