



HEAVY DUTY EQUIPMENT TECHNICIAN

EMPLOYER DECLARATION OF WORK EXPERIENCE

ITA Customer Service
800 – 8100 Granville Ave.
Richmond, BC V6Y 3T6
Tel: 778-328-8700
Fax: 778-328-8701
Toll Free: 1-866-660-6011
customerservice@itabc.ca

To qualify to challenge certification in this trade or be granted authority to supervise and sign-off on apprentices in this trade, individuals must have:

- worked a minimum of **9,540 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D
 - Holders of a Certificate of Qualification (CofQ) in **Truck and Transport Mechanic** will be eligible to challenge this certification or receive Supervision and Sign-Off Authority by documenting **5,040** work-based hours of directly related work experience.
 - Holders of a Certificate of Qualification (CofQ) in **Transport Trailer Technician or Diesel Engine Mechanic** will be eligible to challenge this certification or receive Supervision and Sign-Off Authority by documenting **8,040** work-based hours of directly related work experience.
 - Holders of a **military certificate in Vehicle Technician MT #129 / MT #411, QL5 or higher** will be eligible to challenge the Heavy Duty Equipment Technician Inter-Provincial Red Seal examination.

This form is used to declare work experience for periods of employment. The information provided is used to verify the applicant's work experience in this trade. This form must be completed by a **direct supervisor of the applicant**, who will be contacted by ITA.

Note: An Employer Declaration of Work Experience form must be completed by each Employer listed on the applicant's completed Application form. A Statutory Declaration of Work Experience form must be completed for periods during which the applicant was self-employed or a previous employer is unavailable to complete an Employer Declaration. For more information, see **Instructions for Certification Challenge or Supervision and Sign-Off Authority**.

A. Applicant Name

Enter the name of the individual for whom this form is being completed.

Legal First Name:	Legal Middle Name(s):	Legal Last Name:

B. Supervisor Contact Information

Enter the name and contact information for the person who directly supervised the applicant at this employer. Ensure the information given is current as the application will be denied if this person cannot be contacted by ITA.

Name of Organization/Employer/Business:		
First and Last Name of Applicant's Direct Supervisor:		Supervisor Position or Title:
Suite Number:	Street Number and Name:	
City:	Province:	Postal Code:
Business Number: ()	Mobile Phone Number: ()	Supervisor E-Mail Address:



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C. Employment Information of Applicant

Dates of Applicant's Employment (MM/DD/YYYY):		Total Number Hours of Heavy Duty Equipment Technician Experience Accumulated in that Period:
From:	To:	
Job Title of Applicant:		

D. Supervisor Declaration of Job Task Performance

By checking "Yes" or "No" in the Declaration Response column, indicate whether or not you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed. Cross out any job tasks you did not see the applicant perform.

Job Tasks	Declaration Response
Occupational Skills <i>Includes:</i> Using tools and equipment; performing maintenance and inspections; and analysing and processing information.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Engines and Engine Support Systems <i>Includes:</i> Diagnosing and repairing engines and engine support systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Hydraulic and Pneumatic Systems <i>Includes:</i> Diagnosing and repairing hydraulic and pneumatic systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Drive Train <i>Includes:</i> Diagnosing and repairing drive trains.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Steering, Suspension, and Brakes <i>Includes:</i> Diagnosing and repairing steering, suspension and brake systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Electrical and Electronic Systems <i>Includes:</i> Diagnosing and repairing electrical and electronic systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Structural Components, Climate Control, Accessories, and Attachments <i>Includes:</i> Diagnosing and repairing HVAC systems; servicing structural components and operator station; installing, diagnosing, and repairing attachments and accessories.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Enter the Supervisor and Applicant names from Page 1 on every page of this form

Supervisor First and Last Name:	Applicant First and Last Name:
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E. Confirmation of Prerequisite Credentials or Certificates

For some trades, evidence that the applicant has earned prerequisite credentials or certificates is required before the individual is permitted to challenge certification or receive Supervision and Sign-Off Authority. For those trades, a current or previous employer must verify that the applicant has the required prerequisite credentials.

There are no prerequisite credentials or certificates for this trade.

F. Supervisor Signature

I certify that the information I, as the current or former direct supervisor of the applicant, have provided is accurate. (Note: Collection and protection of personal information on this form is in accordance with the provisions of the Freedom of Information and Protection of Privacy Act.)

Supervisor name (Please Print):	Supervisor Signature:	Date Signed: (MM/DD/YYYY)

Enter the Supervisor and Applicant names from Page 1 on every page of this form

Supervisor First and Last Name:	Applicant First and Last Name: