

TRADE: AUTOMOTIVE SERVICE TECHNICIAN (0002)**PACKAGE INFORMATION:**

Please review the entire contents of this package prior to completing.

This package contains all of the information and forms you need to apply for *Credit of Prior Work-Based Experience hours* toward your apprenticeship for the trade of **Automotive Service Technician**. The purpose of this package is to assist you to submit the information your Current Sponsor must approve for ITA to credit you for prior work-experience.

As an apprentice, you may be granted credit for your previous relevant work-based practical experience with the approval of your current sponsor. There are two ways in which to obtain this credit:

- For previous work experience you gained with a different employer (or multiple employers), please have your Prior Employer(s) complete and sign a Prior Work Experience Declaration Form (Part B) detailing the hours and type of experience. You must then take this form(s) to your Current Sponsor for approval and signature.
- If your Prior Employer can no longer be contacted, you may complete an affidavit (*Statutory Declaration Form*) detailing the duration and type of experience for approval *by your Current Sponsor*.

Forms:

1. **Prior Work-Based Experience Declaration** (pages 2 & 3 of this package). *Note:* A Prior Work Experience Declaration form must be completed and signed by any Prior Employers where you have acquired work experience hours you want credited toward your current apprenticeship hours, and must be approved by your Current Sponsor.
2. **Statutory Declaration** (pages 4 and 5 of this package) to be completed by applicant *if required* and approved by your Current Sponsor. See page 4 for additional information on Statutory Declarations.
3. If you are submitting a Statutory Declaration Form, you must **mail** the *original* approved Prior Work-Based Experience Declaration Form to the ITA. Faxed or photocopies of the Declaration Form will not be accepted.

Process:

Step 1: Complete **Part A** on page 2 of the enclosed Prior Work Experience Declaration Form.

Step 2: Have each Previous Employer (Prior Employer) complete and sign a separate **Part B** (on page 3) of the Prior Work Experience Declaration Form. This will provide your Current Sponsor/Employer with your prior work experience history.

Step 3: Have your Current Sponsor/Employer sign **Part C** (on page 2) of the Prior Work Experience Declaration Form to approve the hours to be credited toward your current apprenticeship.

Step 4: Return the signed, completed form (**Parts A, C, and where applicable B**) to the Industry Training Authority at the above address.

If you have any questions regarding the completion of this prior work-based training hours credit application, contact **ITA Customer Service** (see above contact information) or send an email to:

customerservice@itabc.ca

Please print clearly and return to the address noted above.

Prior Work-Based Experience Declaration Form

Part A. Apprentice's Information *(To Be Completed by Applicant)*

Registration Number (TWID):	Apprenticeship ID:	Industry Training Program (Trade) Name:
Legal Last Name:	Legal First Name:	Legal Middle Name (s):
Current Apprenticeship Start Date (YYYY/MM/DD):		

Instructions to Apprentice:

Please complete **Part A** of the enclosed Prior Work-Based Experience Declaration form. Part B of the form must be then completed by each Prior Employer where you are requesting a credit of prior work-based experience hours toward your current apprenticeship training program. The completed form must then be signed off by your Current Sponsor for approval of your prior work-based experience hours. You must **mail** the *original* approved Prior Work-Based Experience Declaration Form to the ITA. Faxed or photocopies of the Declaration Form will not be accepted.

Instructions to Prior Employers:

Please complete **Part B** of the enclosed Prior Work-Based Experience Declaration form. The information you provide will be used to identify the applicant's work experience with your organization for review and approval by the applicant's Current Sponsor/Employer for the trade of **Automotive Service Technician**. The Declaration will provide the Current Sponsor with details on the hours and experience the applicant has performed with your organization related to the Trade of **Automotive Service Technician**.

Instructions to Current Sponsors for Prior Work Experience:

As outlined in the Industry Training Authority policy on *Credit for Prior Related Practical Experience*, apprentices who want credit for prior work-based training experience must submit to you (the Current Sponsor) for your approval documentation detailing the hours they have worked related to their apprenticeship.

Please review the contents of the completed Prior Work Experience Declaration form for this apprentice and complete **Part C** (below) of the form to indicate the number of work-based experience training hours you are approving for this applicant. Note: It is the responsibility of the Current Sponsor to decide how many hours of prior work experience will be approved toward this applicant's apprenticeship.

Part C. Current Sponsor – Approval of Prior Work-Based Experience Hours *(To Be Completed by Current Sponsor/Employer)*

Date of Approval:	Total Number of Prior Work-Based Experience Hours Approved:	
Dates of Approved Prior Work Experience From: _____ To: _____		
Name of Current Sponsor:	Sponsor Registration No.	Signature of Current Sponsor:

Please print clearly and return to the applicant.

Part B. Prior Work-Based Experience Description
(Important: To Be Completed by Prior Employer and returned to Applicant)

Apprentice's Last Name:		Apprentice's First Name:	
Name of Organization/Employer/Business:	Name of Reporting Sponsor:	Position / Title:	
Telephone Number: ()	Fax Number: ()	E-Mail Address:	
Dates of Prior Work-Based Training Experience (YYYY/MM/DD):		Hours of Prior Work-Based Experience:	
Start Date:	End Date:		

By checking "yes" or "no", indicate in the "Employer's Response" column which of the following tasks the applicant performed during the period of employment with your organization. <i>Cross out any tasks that were not performed.</i>	Employer's Response
Occupational Skills Using tools and equipment, Organizing work, Performing general maintenance and diagnosis,.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Engine Systems Diagnosing engine systems, Repairing engine systems, Diagnosing engine support systems, Repairing engine support systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Vehicle Management Systems Diagnosing vehicle management systems, Repairing vehicle management systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Drive Line Systems Diagnosing drive line systems, Repairing drive line systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Electrical and Comfort Control Systems Diagnosing electrical systems and components, Repairing electrical systems and components, Diagnosing HVAC and comfort control, Repairing HVAC and comfort control.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Steering, Suspension, Braking and Control Systems Diagnosing steering, suspension, braking and control systems, Repairing steering, suspension, braking and control systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Body Components, Trim and Restraint Systems Diagnosing body components, trim and restraint systems, Repairing body components, trim, restraint systems and installed accessories.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Other Tasks <i>Includes:</i> Please identify any other tasks performed, if applicable to this trade.	

I certify that the information I have provided is accurate. *(To be signed by Prior Employer.)*

Date Signed	Prior Employer Signature
-------------	--------------------------

Please print clearly and return to the address noted above.

Statutory Declaration – Part 2

By checking "yes" or "no", indicate in the "Employer's Response" column which of the following tasks the applicant performed during the period of employment with your organization. <i>Cross out any tasks that were not performed.</i>	Employer's Response
Occupational Skills Using tools and equipment, Organizing work, Performing general maintenance and diagnosis,.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Engine Systems Diagnosing engine systems, Repairing engine systems, Diagnosing engine support systems, Repairing engine support systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Vehicle Management Systems Diagnosing vehicle management systems, Repairing vehicle management systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Drive Line Systems Diagnosing drive line systems, Repairing drive line systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Electrical and Comfort Control Systems Diagnosing electrical systems and components, Repairing electrical systems and components, Diagnosing HVAC and comfort control, Repairing HVAC and comfort control.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Steering, Suspension, Braking and Control Systems Diagnosing steering, suspension, braking and control systems, Repairing steering, suspension, braking and control systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Body Components, Trim and Restraint Systems Diagnosing body components, trim and restraint systems, Repairing body components, trim, restraint systems and installed accessories.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Other Tasks <i>Includes:</i> Please identify any other tasks performed, if applicable to this trade.	

I solemnly declare that the information provided in this Declaration, to the best of my knowledge, is true.

Applicant's Signature:	Date: (YYYY/MM/DD)
------------------------	--------------------

This section to be completed by: Declaration of Official	
Last Name:	First Name:
Occupation: <input type="checkbox"/> Commissioner for Oaths <input type="checkbox"/> Notary Public <input type="checkbox"/> Lawyer	
Address:	
Telephone Number: ()	Declared before me on Date: (YYYY/MM/DD)
Signed at: (City, Province)	Signature of Official: