

TRADE: FORKLIFT MECHANIC (0158)**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 **Forklift Mechanic**. 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 three 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 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): Start Date:		End Date:	
		Hours of Prior Work-Based Experience:	

By checking "yes" or "no", indicate in the "Employer's Response" column whether the applicant performed the following tasks during the period of employment with your organization. Cross out any tasks that were not performed.	Employer's Response
Gasoline Engines	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diesel Engines	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Cooling Systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Exhaust Systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Engine Lubrication Systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Auxiliary Electrical	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Air Conditioning & HRAI ODS Course	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diesel Fuel Injection Systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Starting Motors & Circuits	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
AC Charging Systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Standard and Electronic Ignition Systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Fuel Systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Emission Control Systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Electronic Engine Controls	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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

Date Signed	Prior Employer Signature
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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 whether the applicant performed the following tasks during the period of employment with your organization. Cross out any tasks that were not performed.	Employer's Response
Gasoline Engines	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diesel Engines	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Cooling Systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Exhaust Systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Engine Lubrication Systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Auxiliary Electrical	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Air Conditioning & HRAI ODS Course	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diesel Fuel Injection Systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Starting Motors & Circuits	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
AC Charging Systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Standard and Electronic Ignition Systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Fuel Systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Emission Control Systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Electronic Engine Controls	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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)
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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:	