

APPLICATION FOR EQUIVALENT STATUS FORKLIFT MECHANIC (0158)

Please print clearly and return to the address noted above

Application Package Instructions

TRADE: FORKLIFT MECHANIC (0158)

APPLICATION PACKAGE INFORMATION:

Please review the contents of this package prior to completing.

Equivalency Status authorizes you to recommend certification for Forklift Mechanic trade apprentices.

An individual is considered to be equivalent to a certified journeyperson if they have been assessed by the ITA as having work experience in the specific trade amounting to at least one and a half times the number of work-based training hours required by the Industry Training Program for that trade. In general your work experience should cover at least 70% of the tasks listed in this application package.

This package contains the information and the forms you need to apply for Equivalency Status for the trade of Forklift Mechanic.

The purpose of this package is to assist you in collecting the information necessary for us to complete the assessment of your application. The ITA will assess your work experience and determine whether you qualify for Equivalency Status.

The ITA will process your assessment within *10 days of receipt of your complete information* and will notify you in writing the results of your assessment. Applications will be returned if information is missing. We can not process incomplete applications.

Forms:

1. **Application for Equivalent Status and Work Experience Summary Information** (page 2 of this package). To be completed by applicant.
2. **Employer Declaration** (pages 3 & 4 of this package). *Note:* An Employer Declaration form must be completed and signed by any current or previous employers where you have acquired work experience you want assessed as part of your application (see page 2 section B).
3. **Document Checklist** (page 5 of this package) to be completed by applicant.
4. **Statutory Declaration** (pages 7 and 8 of this package) to be completed by applicant if required. See page 6 for additional information on Statutory Declarations.

All Documents must be submitted in English. Translations of documents in languages other than English must be done by a Certified Translator.

- You are responsible for the cost of translation services.
- If any of your documentation is in the French language, ITA Customer Service may be able to arrange no-cost translation services on your behalf through the BC Francophone Affairs Program. (Availability of this free service should be verified by contacting ITA Customer Service prior to submitting your French language documents.)
- For a list of certified translators, contact the Society of Translators and Interpreters of British Columbia, or visit their web site at <http://www.stibc.org/directory.php>.

If you have any questions regarding the completion of this Challenge Assessment application, contact **ITA Customer Service** at **1-866-660-6011** or send an email to: **customerservice@itabc.ca**

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A. Applicant's Information

Registration Number (TWID):					
Legal Last Name:		Legal First Name:		Legal Middle Name (s):	
Date of Birth (YYYY/MM/DD):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Suite Number:	Mailing Address:				
City:		Province: B.C.	Postal Code:		Email:
Daytime Telephone Number: ()		Home Telephone Number: ()		Fax Number: ()	

To qualify for Equivalent Status as a Forklift Mechanic, you must provide proof of having worked a minimum of 9,720 hours performing the tasks listed on the *Employer Declaration* (page 4). In general your work experience should cover at least 70% of the tasks (10 out of 14) listed in Part 2 of the Employers Declaration (page 4).

B: Work Experience Summary Information

Name of Organization/Employer(s) *	Dates of Employment	Total # of Hours of Experience
	From: To: (YYYY/MM/DD)	
	From: To: (YYYY/MM/DD)	
	From: To: (YYYY/MM/DD)	
	From: To: (YYYY/MM/DD)	

***Note:** An *Employer Declaration* form (pages 3 and 4) must be completed by each of the Employers listed above. See *Employer Declaration* "Instructions to Employers" for additional information.

Certification and authorization for collection, use, and disclosure of personal information inside or outside Canada:

I certify that the information I (as apprentice, sponsor, or employer) have provided is accurate. In accordance with the *Freedom of Information and Protection of Privacy Act*, I authorize the Industry Training Authority to use and disclose the personal information I have provided on this form, as well as any further information necessary, for the purpose of administering the apprenticeship training program, including the application process, program delivery, evaluation, and certification. I authorize the Industry Training Authority to disclose my personal information for the above purposes to other agencies and ministries of the provincial and federal governments, and to apprenticeship officials in other jurisdictions, my present and future sponsors, educational institutions, private trainers, and agencies, whether located inside or outside Canada. I also authorize the Industry Training Authority to make the status of my certification and apprenticeship publicly available. (NOTE: If you have any question about your personal information, contact a Client Service Representative at Industry Training Authority Customer Service at 1.866.660.6011.)

Applicant Signature:	Date: (YYYY/MM/DD)
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For Office Use Only

Date Screened:	Missing Information	Results
Application Status <input type="checkbox"/> Application Complete <input type="checkbox"/> Application Incomplete – Returned to Applicant		Hours: Required: 9,720 Reported: Scope: Required: 10 out of 14 Reported

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Employer 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. <i>Cross out any tasks that were not performed.</i>	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"/>

Certification:

I certify that the information I (as employer) 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*.)

Applicant Name:	Employer Signature:	Date: (YYYY/MM/DD)
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DOCUMENTATION CHECKLIST

To avoid delays in processing, please use the following checklist to ensure the required documentation is attached to your application and all forms are complete. **We can not process incomplete applications.**

ALL APPLICABLE BOXES MUST BE CHECKED OFF:

- All documents, including letters and certificates, are originals or *certified true copies* of originals, in the English language.
- Any translations have been performed by Certified Translators.
- The Applicant has completed in full and signed, the **Application for Equivalent Status and Work Experience Summary Information** (Page 2 of this package)
- Each Employer has completed in full and signed, the **Employer Declaration** (Pages 3 & 4 of this package).
- The information contained on each **Employer Declaration** form matches the information declared on the Applicant's **Work Experience Summary Information**.
- A **Statutory Declaration** form is enclosed in situations when an Employer Declaration is not available (pages 7 & 8 of this package). See *Statutory Declaration information on page 6 of this package*.

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ITA Customer Service
Suite 110 - 2985 Virtual Way
Vancouver, BC V5M 4X7
Tel: 778-328-8700
Fax: 778-328-8701
Toll Free: 1-866-660-6011

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Statutory Declarations

A Statutory Declaration form may be used to document time worked in a trade when applying to receive Equivalent Status for a trade **only due to the following circumstances:**

1. The firm is no longer in business and the principals cannot be located.
2. The owner/manager is deceased and complete employment records are not available.
3. The firm is located overseas and extreme difficulties are encountered in trying to get the documentation.
4. The applicant has been self-employed as an owner/operator of a business.
5. A firm refuses to issue a letter to document time worked in a trade.

A Statutory Declaration, using the form that is provided on pages 7 and 8 of this package, must be completed **for each place of employment** for which you are unable to provide an Employer Declaration.

Important: The Statutory Declaration form is comprised of **Part 1 (page 7) and Part 2 (page 8)**. It must be completed for each place of employment you cannot obtain documentation for, and must be sworn before a Lawyer, Notary Public, or Commissioner of Oaths for the Province of British Columbia. Please make additional copies of the Statutory Declaration form as needed.

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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. <i>Cross out any tasks that were not performed.</i>	Employer's Response
Gasoline Engines	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
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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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Declaration of Official	
This section to be completed by:	
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: