



# MARINE MECHANICAL 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 **6,000 hours** of directly related trade experience, including experience performing:

- A minimum of **70%** of the generic job tasks listed in Section D, amounting to 4500 hours, and
- **100%** of the endorsement-specific job tasks in either Gasoline, Outboard or Diesel in Section E, amounting to 1500 hours

Indicate which endorsement(s) they wish to challenge below:

- Endorsements:**
- Outboard 1500 hours
  - Gasoline 1500 hours
  - Diesel 1500 hours

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:
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### 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 <b>Marine Mechanical Technician</b> 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 - Generic for all Endorsements (4500 hours required)	Declaration Response
<b>Occupational Skills</b> Includes: Using tools and equipment; performing maintenance and inspections; and analyzing and processing information	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Hydraulic Systems</b> Includes: Diagnosing and repairing hydraulic systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Marine Drive Systems</b> Includes: Diagnosing and repairing marine drive systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Steering Systems</b> Includes: Diagnosing and repairing mechanical, hydraulic and electric steering systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Electrical and Electronic Systems</b> Includes: Diagnosing and repairing electrical and electronic systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Vessel Systems</b> Includes: Installation, Diagnosing and repairing domestic plumbing, HVAC systems, structural components, attachments and accessories	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Declaration Response</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>I confirm that the applicant has a minimum of 4500 hours performing at least 70% the job tasks listed above.</i>	

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. Supervisor Declaration of Endorsement-Specific Job Task Performance

#### Job Tasks – Outboard Endorsement

(1500 hours required working on Outboard Engines and Support Systems related to outboards)

- Diagnosing and repairing two and four cycle Powerhead
- Diagnosing and repairing carburetors
- Diagnosing and repairing oil injection systems
- Diagnosing and repairing fuel injection systems
- Diagnosing and repairing charging and ignition systems
- Diagnosing and repairing engine cooling systems

#### Declaration Response

Yes  No *I confirm that the applicant has competently performed the endorsement-specific tasks listed above.*

Yes  No *I confirm that the applicant has a minimum of 1500 hours performing the job tasks listed above.*

#### Job Tasks – Gasoline Endorsement

(1500 hours required working on Gasoline Engines and Support Systems)

- Diagnosing and repairing gas engines
- Diagnosing and repairing carburetors
- Diagnosing and repairing throttle body, port, and systems
- Diagnosing and repairing conventional and electronic ignition systems
- Diagnosing and repairing engine cooling systems

#### Declaration Response

Yes  No *I confirm that the applicant has competently performed the endorsement-specific tasks listed above.*

Yes  No *I confirm that the applicant has a minimum of 1500 hours performing the job tasks listed above.*

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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### Job Tasks – Diesel Endorsement (1500 hours required working on Diesel Engines and Support Systems)

- Diagnosing and repairing two and four cycle diesel engines
- Diagnosing and repairing turbocharger systems
- Diagnosing and repairing governors and fuel injection pumps
- Diagnosing and repairing mechanical fuel injection systems
- Diagnosing and repairing electronic fuel injection systems
- Diagnosing and repairing fuel injection nozzles (injectors)
- Diagnosing and repairing starting aid systems (glow plugs and intake air heaters)
- Diagnosing and repairing engine cooling systems

### Declaration Response

Yes  No *I confirm that the applicant has competently performed the endorsement-specific tasks listed above.*

Yes  No *I confirm that the applicant has a minimum of 1500 hours performing the job tasks listed above.*

### F. 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.

### G. 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: