



INDUSTRIAL ELECTRICIAN LOGBOOK COMPLETION SIGNOFF

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This form is to be completed after the apprentice has met all of the logbook completion requirements for the Industrial Electrician Apprenticeship Program. This form must be signed by the Sponsor (or Primary Sponsor contact), the Workplace Assessor and the Apprentice. Please do not submit the logbook or Evidence Guide to the ITA.

The purpose of this form is to notify ITA of the apprentice's successful completion of the Apprenticeship Logbook, provide the employer and apprentice with a record of competency completion for their records, and to include as witness, the individuals who participated in the apprentice's work-based training.

1 APPRENTICE INFORMATION

Apprentice Name	Individual ID #
<input type="text"/>	<input type="text"/>

2 SPONSOR INFORMATION

Name of Organization	Organization ID #
<input type="text"/>	<input type="text"/>
Sponsor Contact Name	Email Address
<input type="text"/>	<input type="text"/>

3 WORKPLACE ASSESSOR INFORMATION

An Individual holding one of the following credentials qualifies as a Workplace Assessor and may sign off on the Workplace Competencies. Please check one:

- | | |
|--|--|
| <input type="checkbox"/> Registered Industrial Electrician Assessor | <input type="checkbox"/> Construction Electrician Certificate of Qualification with Red Seal |
| <input type="checkbox"/> Industrial Electrician Certificate of Qualification with Red Seal | <input type="checkbox"/> Construction Electrician Certificate of Qualification |
| <input type="checkbox"/> Industrial Electrician Certificate of Qualification | <input type="checkbox"/> Electrician Certificate of Qualification with Red Seal |
| | <input type="checkbox"/> Electrician Certificate of Qualification |

Workplace Assessor Name	Certificate # or Workplace Assessor ID #
<input type="text"/>	<input type="text"/>

4 VERIFICATION OF LOGBOOK COMPLETION

I verify that the above named apprentice has met the Industrial Electrician logbook completion requirements, including:

- Successful completion of all compulsory workplace competencies
- Successful completion of 35 credits of elective workplace competencies

Apprentice Signature:	Date: (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>

Workplace Assessor Signature:	Date: (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>

Sponsor Signature: (if different than Workplace Assessor)	Date: (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>