



REQUEST FOR RECOMMENDATION FOR CERTIFICATION MARINE MECHANICAL TECHNICIAN

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

Please print clearly and return to the address or fax above

MARINE MECHANICAL TECHNICIAN

To qualify for certification in this trade, you must:

- Have machine equipment hours or machine operating time for any one of the endorsements listed below
- Have experience performing all of the job tasks listed for any one or more endorsements listed in section 2
- Indicate which endorsement(s) listed below are being recommended with certification

Endorsements:

- Diesel 1,500 hrs
- Gasoline 1,500 hrs
- Outboard 1,500 hrs

This form is used by sponsors of Marine Mechanical Technician apprentices to request certification of an apprentice who has completed all program requirements.

INSTRUCTIONS:

If certification is recommended, complete and return the Sponsor Information below, Section 1 (Recommendation for Certification) and Section 2* (Work-Based Training Checklist) to ITA Customer Service.

***Recommendation for Certification cannot be processed unless accompanied by the Work-based Training Checklist signed off by the Sponsor.**

If certification is not recommended complete and return the Sponsor Information below plus Section 3 (Certification Not Recommended) to ITA Customer Service.

Sponsor Information:

Contact Name		Sponsor ID No.
Company		
Address		
City	Province	Postal Code
Phone Number	Fax Number	



**REQUEST FOR
RECOMMENDATION FOR CERTIFICATION
MARINE MECHANICAL TECHNICIAN**

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

Please print clearly and return to the address or fax above

SECTION 1: RECOMMENDATION FOR CERTIFICATION

Apprentice Name	Individual ID No.
-----------------	-------------------

Work-based Training Hours Reporting Period: (MM,DD,YYYY)	Total number of work-based training hours reported during this period
Start Date End Date	
<i>Please ensure that you include an actual end date, do not use "to date" or ongoing. End date is the date you are reporting hours "up to".</i>	<i>Please ensure that there is no overlap of previously reported hours. Note: Do not report "future hours" as these are not "worked hours".</i>

Note: Trade signoff must be provided by a Journeyperson certified as a Marine Mechanical Technician.

- I/We hereby confirm that the apprentice named above has completed all competencies listed on the MMT Work-based Training Checklist (attached).
- I/We hereby confirm that the apprentice named above is working at the competency level of a certified tradesperson and recommend certification.

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.)

Employer/Sponsor Signature	Date
Name (please print) of certified Tradesperson	Certificate No.(TWID#)
Tradesperson Signature	Date

Certification:

I certify that the information I (as sponsor) 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:	Sponsor/Authorized Representative Signature:	Date: (YYYY/MM/DD)
-----------------	--	--------------------



**REQUEST FOR
RECOMMENDATION FOR CERTIFICATION
MARINE MECHANICAL TECHNICIAN**

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

Please print clearly and return to the address or fax above

SECTION 2:

WORK-BASED TRAINING CHECKLIST

This form is intended for the Sponsor or Authorized Representative to use as a work-based training checklist to verify that the apprentice has demonstrated competence in all areas of competency listed for their selected endorsement(s). To qualify for certification the apprentice must have completed all job tasks. Complete this checklist to indicate whether the candidate performed the following tasks during the period of employment with your organization.

Job Tasks - Diesel Endorsement	Sponsor Response
<p>WORK-BASED TRAINING TIME The hours needed to receive the endorsement for Diesel is 1500 hours. Of the total number of hours reported with this request for certification, identify how many were specific to this endorsement.</p>	_____ Hrs
<p>Proficiency should include consistent demonstration of the installation, inspection, diagnosis and repair of the following:</p> <ul style="list-style-type: none"> • Two and four cycle diesel engines • Turbocharger systems • Governors and fuel injection pumps • Mechanical fuel injection systems • Electronic fuel injection systems • Fuel injection nozzles (injectors) • Starting aid systems (glow plugs and intake air heaters) • Engine cooling systems 	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Job Tasks – Gasoline Endorsement	Declaration Response
<p>WORK-BASED TRAINING TIME The hours needed to receive the endorsement for Gasoline is 1500 hours. Of the total number of hours reported with this request for certification, identify how many were specific to this endorsement.</p>	_____ Hrs
<p>Proficiency should include consistent demonstration of the installation, inspection, diagnosis and repair of the following:</p> <ul style="list-style-type: none"> • Gas engines • Carburetors • Throttle body, port, and systems • Conventional and electronic ignition systems • Engine cooling systems 	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Job Tasks - Outboard Endorsement	Declaration Response
<p>WORK-BASED TRAINING TIME The hours needed to receive the endorsement for Outboard is 1500 hours. Of the total number of hours reported with this request for certification, identify how many were specific to this endorsement.</p>	_____ Hrs
<p>Proficiency should include consistent demonstration of the installation, inspection, diagnosis and repair of the following:</p> <ul style="list-style-type: none"> • Two and four cycle powerhead • Carburetors • Oil injection systems • Fuel injection systems • Charging and ignition systems • Engine cooling systems 	Yes: <input type="checkbox"/> No: <input type="checkbox"/>



**REQUEST FOR
RECOMMENDATION FOR CERTIFICATION
MARINE MECHANICALTECHNICIAN**

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

Please print clearly and return to the address or fax above

SECTION 3: CERTIFICATION NOT RECOMMENDED BY SPONSOR

Rationale:

If you do not recommend certification for the apprentice please indicate the reason(s) below and provide a date on which the ITA should send a Request for Recommendation for Certification again. Signature of an authorized representative of the sponsor is also required.

Date for ITA to re-send Request for Recommendation for Certification: _____

Sponsor Signature: _____

Sponsor ID No: _____

_____ Date

Trainee/Apprentice Acknowledgement

The decision of my sponsor has been discussed with me.

Apprentice Signature: _____

Individual ID No: _____

_____ Date