





# AUTO BODY AND COLLISION 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

### C. Supervisor Contact Information

Enter the name and contact information for the person who directly supervised the applicant during this employment period. Ensure the information given is current as the application will be denied if this person cannot be contacted by ITA.

First and Last Name of Applicant's Direct Supervisor:	Supervisor Position or Title:
Supervisor's Phone Number: (    )	Supervisor E-Mail Address:
Language(s) that the employer/supervisor can communicate: (check all that apply)	
<input type="checkbox"/> English <input type="checkbox"/> Other (please specify): _____	

### D. Supervisor Declaration of Job Task Performance of Applicant

By checking "Yes" or "No" in the Declaration Response column, indicate whether you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed.

Job Tasks (73)	Declaration Response
<b>PERFORMS SAFETY-RELATED FUNCTIONS</b> Maintains safe work environment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses personal protective equipment (PPE) and safety equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>USES AND MAINTAINS TOOLS AND EQUIPMENT</b> Maintains hand and power tools	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintains frame and unibody repair and measuring equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses lifting equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses diagnostic equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintains refinishing tools and equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>USES AND MAINTAINS WELDING EQUIPMENT</b> Uses welding equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintains welding equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Enter the supervisor and applicant names (repeat on every page of this form)

Supervisor First and Last Name:	Applicant First and Last Name:
---------------------------------	--------------------------------



# AUTO BODY AND COLLISION 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

Job Tasks (73)	Declaration Response
<b>ORGANIZES WORK AND USES DOCUMENTATION</b> Prepares estimates and supplements	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Prepares repair plan	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Organizes parts, materials and work area	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses documentation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>USES COMMUNICATION AND MENTORING TECHNIQUES</b> Uses communication techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses mentoring techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>REMOVES AND INSTALLS TRIM AND HARDWARE</b> Removes trim and hardware	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs trim and hardware	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>PERFORMS FINAL INSPECTIONS</b> Performs final operational check	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performs final quality control inspection	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>APPLIES CORROSION PROTECTION AND SOUND DEADENING MATERIALS</b> Applies corrosion inhibitors and undercoats	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Applies seam sealers and sound deadeners	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>PREPARES FOR REPAIR AND REPLACEMENT OF STRUCTURAL COMPONENTS</b> Identifies extent of damage	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Removes components for access	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performs vehicle setup	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>REPAIRS, REMOVES AND INSTALLS STRUCTURAL COMPONENTS</b> Repairs structural components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

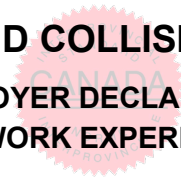
Enter the supervisor and applicant names (repeat on every page of this form)

Supervisor First and Last Name:	Applicant First and Last Name:
---------------------------------	--------------------------------



# AUTO BODY AND COLLISION 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

Job Tasks (73)	Declaration Response
Removes structural components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs structural components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>REMOVES, INSTALLS AND REPAIRS STRUCTURAL AND LAMINATED GLASS</b> Removes structural glass	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs structural glass	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repairs laminated glass	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>REMOVES, REPAIRS AND INSTALLS METAL PANELS AND COMPONENTS</b> Prepares metal panels and components for repair	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Removes metal panels and components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repairs metal panels and components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs metal panels and components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>REMOVES, REPAIRS AND INSTALLS PLASTIC AND COMPOSITE PANELS AND COMPONENTS</b> Prepares plastic and composite panels and components for repair	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Removes plastic and composite panels and components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repairs plastic and composite panels and components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs plastic and composite panels and components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>REMOVES AND INSTALLS NON-STRUCTURAL GLASS</b> Removes non-structural glass	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs non-structural glass	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>DEACTIVATES AND REACTIVATES ALTERNATIVE-FUEL SYSTEMS</b> Deactivates alternative-fuel systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Enter the supervisor and applicant names (repeat on every page of this form)

Supervisor First and Last Name:	Applicant First and Last Name:
---------------------------------	--------------------------------



# AUTO BODY AND COLLISION 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

Job Tasks (73)	Declaration Response
Reactivates alternative-fuel systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>REMOVES AND INSTALLS MECHANICAL COMPONENTS</b> Removes mechanical components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs mechanical components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>REMOVES, REPAIRS AND INSTALLS ELECTRICAL AND ELECTRONIC COMPONENTS</b> Removes electrical components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repairs damaged wires and protective coverings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs electrical components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services advanced electronic components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>REPAIRS AND REPLACES INTERIOR COMPONENTS</b> Repairs interior components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Replaces interior components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>SERVICES SUPPLEMENTAL RESTRAINT SYSTEMS (SRS)</b> Services seat belt restraint systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services air bags and related components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>PREPARES SURFACE</b> Performs initial preparation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Masks surface	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Strips surface	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Sands surface	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>USES REPAIR MATERIALS</b> Mixes repair materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Enter the supervisor and applicant names (repeat on every page of this form)

Supervisor First and Last Name:	Applicant First and Last Name:
---------------------------------	--------------------------------



# AUTO BODY AND COLLISION 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

Job Tasks (73)	Declaration Response
Applies repair materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>PREPARES REFINISHING EQUIPMENT</b> Prepares spray booth	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performs spray gun setup	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>PREPARES REFINISHING MATERIALS</b> Mixes refinishing materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performs colour adjustments	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>APPLIES REFINISHING MATERIALS</b> Applies sealers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Applies base coat	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Applies single-stage paint	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Applies clear coat	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>PERFORMS POST-REFINISHING FUNCTIONS</b> Removes masking materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Corrects surface imperfections	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>DETAILS EXTERIOR</b> Removes minor imperfections	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Polishes vehicle	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Touches up stone chips	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>CLEANS VEHICLE</b> Cleans exterior	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Cleans interior	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Enter the supervisor and applicant names (repeat on every page of this form)

Supervisor First and Last Name:	Applicant First and Last Name:
---------------------------------	--------------------------------



# AUTO BODY AND COLLISION 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

### E. 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 (repeat on every page of this form)*

Supervisor First and Last Name:	Applicant First and Last Name:
---------------------------------	--------------------------------