



AUTOMOTIVE REFINISHING 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

*This form is used to declare work experience for periods of employment and 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 for each period of employment.*

This form is not to be used for periods of self-employment. For more information, see Instructions for Certification Challenge or Supervision and Sign-Off Authority.

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 **4,950 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D

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. Employment Information of Applicant

Enter the business information for the applicant's period of employment declared for this trade.

Name of Organization/Employer/Business:		
Mailing Address:		City:
Province/ State:	Country:	Postal Code/ Zip Code:
Business Phone Number: ()	Website:	

Enter the dates and number of hours for this period of employment.

Dates of Applicant's Employment (MM/DD/YYYY): From: To:	Total Number Hours of Automotive Refinishing Technician Experience Accumulated in that Period:
Job Title of Applicant:	



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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 (31)	Declaration Response
PERFORMS SAFETY-RELATED FUNCTIONS Maintains safe workplace	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses personal protective equipment (PPE) and safety equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
MAINTAINS TOOLS AND EQUIPMENT Maintains hand and power tools	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintains spray booth	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintains spray equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintains mixing equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintains shop equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
ORGANIZES WORK Uses documentation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performs inspections	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:
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Job Tasks (31)	Declaration Response
Contributes to development of repair plan	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Organizes refinish production schedule	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USES COMMUNICATION AND MENTORING TECHNIQUES Uses communication techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses mentoring techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PREPARES SURFACE 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"/>
USES REPAIR MATERIALS Mixes repair materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Applies repair materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Applies protective coating	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PREPARES REFINISHING EQUIPMENT Prepares spray booth	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performs spray gun setup	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PREPARES REFINISHING MATERIALS Mixes refinishing materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performs colour adjustments	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
APPLIES REFINISHING MATERIALS Applies sealers	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:
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Job Tasks (31)	Declaration Response
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"/>
PERFORMS POST-REFINISHING FUNCTIONS Removes masking materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Corrects surface imperfections	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performs final check	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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

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