

RECREATION VEHICLE SERVICE 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

Legal Last Name:

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 6,960 hours performing the tasks listed in Section D, and
- experience performing at least 70% of the job tasks listed in Section D

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**.

Legal Middle Name(s):

A. Applicant Name

Legal First Name:

Enter the name of the individual for whom this form is being completed.

B. Supervisor Contact Info	rmation		
Enter the name and contact information t given is current as the application will be			nt at this employer. Ensure the information
Name of Organization/Employer/Business:			
First and Last Name of Applicant's Direct Supervisor:		Supervisor Position or Title:	
Suite Number: Street Number and Nam	ne:		
City:	Province:		Postal Code:
Business Number: ()	Mobile Phone Number:		Supervisor E-Mail Address:
C. Employment Information	n of Applicant		
Dates of Applicant's Employment (MM/DD/YYYY):		Total Number Hours of Recreation Vehicle Service Technician Experience Accumulated in that Period:	
From: To:		2.55.5.55	
Job Title of Applicant:			



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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	Declar Respo	
Fundamental Occupational Skills		
Including: Demonstrating safe work practices, Utilizing drawings, codes, standards and service manuals, Utilizing tools and measuring equipment, Demonstrating common work practices and procedures, Providing customer service.	Yes: No:	
Plumbing Systems	Yes:	
Including: Maintaining potable water systems, Maintaining waste water systems.	No:	
Electrical	Yes:	
Including: Maintaining AC electrical system, Maintaining DC electrical systems.	No:	
LP Gas	Yes:	
Including: Maintaining high pressure LP gas system, Maintaining low pressure LP gas systems.	No:	
Appliances	Vasi	
<i>Including:</i> Maintaining furnaces and associated systems, Maintaining water heaters, Maintaining ranges and ovens, Maintaining refrigeration systems, Maintaining air conditioning and heat pump systems.	Yes: No:	
Interior Components and Exterior Shell		
Including: Maintaining interior components, Maintaining exterior components.	No:	
Towing and Chassis Components	V	
Including: Maintaining undercarriage components on towed vehicles, Maintaining braking systems,	Yes: No:	
Maintaining hitching system.	INO.	Ш
Accessories	Yes:	
Including: Performs accessories/systems installations, Maintaining accessories/systems.	No:	
E Confirmation of Proroquisito Cradentials or Cartificates		

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.

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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F. 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: