



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

D. 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	Declaration Response
Fundamental Occupational Skills <i>Including:</i> 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: <input type="checkbox"/> No: <input type="checkbox"/>
Plumbing Systems <i>Including:</i> Maintaining potable water systems, Maintaining waste water systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Electrical <i>Including:</i> Maintaining AC electrical system, Maintaining DC electrical systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
LP Gas <i>Including:</i> Maintaining high pressure LP gas system, Maintaining low pressure LP gas systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Appliances <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: <input type="checkbox"/> No: <input type="checkbox"/>
Interior Components and Exterior Shell <i>Including:</i> Maintaining interior components, Maintaining exterior components.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Towing and Chassis Components <i>Including:</i> Maintaining undercarriage components on towed vehicles, Maintaining braking systems, Maintaining hitching system.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Accessories <i>Including:</i> Performs accessories/systems installations, Maintaining accessories/systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

E. 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)
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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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