



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

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 or not you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed.

Job Tasks/Sub-Tasks (58)	Declaration Response
PERFORM SAFETY-RELATED ACTIVITIES Use personal protective equipment (PPE) and safety equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintain safe work environment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USE TOOLS AND EQUIPMENT Use tools and equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use lifting, moving and access equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PERFORM COMMON WORK PRACTICES Use technical information	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform pre-delivery inspections (PDI)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use communication techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform estimation procedures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
SERVICE WATER SYSTEMS Service potable water 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:
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Job Tasks/Sub-Tasks (58)	Declaration Response
Service waste water systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
SERVICE ELECTRICAL SYSTEMS Apply electrical theory	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service AC electrical systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service DC electrical systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service vehicle networking systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
SERVICE LIQUID PETROLEUM (LP) GAS SYSTEMS Maintain LP gas systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install LP gas systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnose LP gas systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repair LP gas systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
SERVICE WATER HEATERS Maintain water heaters	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install water heaters	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnose water heaters	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repair water heaters	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
SERVICE FURNACES Maintain furnaces	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install furnaces	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks/Sub-Tasks (58)	Declaration Response
Diagnose furnaces	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repair furnaces	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
SERVICE COOKTOPS AND OVENS Maintain cooktops and ovens	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install cooktops and ovens	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnose cooktops and ovens	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repair cooktops and ovens	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
SERVICE REFRIGERATORS Maintain refrigerators	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install refrigerators	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnose refrigerators	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repair refrigerators	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
SERVICE AIR CONDITIONERS (A/C), REFRIGERATION AND HEAT PUMPS Maintain A/C, refrigeration and heat pumps	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install A/C, refrigeration and heat pumps	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnose A/C, refrigeration and heat pumps	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repair A/C, refrigeration and heat pumps	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
SERVICE EXTERIOR COMPONENTS Maintain exterior components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks/Sub-Tasks (58)	Declaration Response
Install exterior components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnose exterior components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repair exterior components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
SERVICE INTERIOR COMPONENTS Maintain interior components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install interior components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnose interior components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repair interior components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service consumer products	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
SERVICE CHASSIS AND MECHANICAL COMPONENTS Maintain chassis and mechanical components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install chassis and mechanical components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnose chassis and mechanical components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repair chassis and mechanical components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service slideout systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service levelling systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service folding camping trailers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks/Sub-Tasks (58)	Declaration Response
SERVICE TOWING SYSTEMS Maintain towing systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install towing systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnose towing systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repair towing systems	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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