



RECREATION VEHICLE SERVICE TECHNICIAN

STATUTORY 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 during which you were self-employed or a previous employer will not complete an Employer Declaration.

Note: *Unless your work experience was gained through self-employment, applications must be accompanied by at least one Employer Declaration. 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 **6,960 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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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B. Self-Employment or Employment Information of Applicant

Enter the contact information for your own business if you are self-employed or your previous employer who will not complete an Employer Declaration.

Name of Organization/Employer/Business:		Business Registration Number: (Self-Employment only)	
Mailing Address:			City:
Province/ State:	Country:	Postal Code/ Zip Code:	
Business Phone Number: ()	Email Address:	Website:	

Enter the dates and number of hours for this period of employment or self-employment. You may combine multiple periods of self-employment on one form, but you must separate periods of employment with different employers on separate forms.

Dates of Employment (MM/DD/YYYY): From: To:	Total Number Hours of Recreation Vehicle Service Technician Experience Accumulated in that Period:
Job Title of Applicant:	



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C. Reason for Statutory Declaration

Indicate why a Statutory Declaration is required for this period of employment:

- Applicant was self-employed Employer will/can not complete Employer Declaration

Applicants **must** attempt to contact current or previous employers to request an Employer Declaration filled out and signed.

If you have been unable to obtain an Employer Declaration for any portion of your non-self-employed work experience, **indicate the steps you have taken to try to obtain it.** If sufficient evidence of steps taken is not provided, the application may not be approved.

D. Statutory Declaration of Job Task Performance

By checking “Yes” or “No” in the Declaration Response column, indicate whether you have performed the job tasks listed below during the period indicated in Section B.

Job 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"/>

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Job Tasks (58)	Declaration Response
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"/>
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"/>

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

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Job Tasks (58)	Declaration Response
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. Applicant Signature

I certify that the information I 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.)

Applicant Name (please print):	Applicant Signature:	Date: (MM/DD/YYYY)
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F. References

Minimum of Three References must accompany **each Statutory Declaration form**. Include names and contact information of minimum three individuals who can attest to your hours and/or scope of trade. References listed must be related to the organization and period of employment listed in Section B of this form.

Each individual listed will be contacted by ITA to verify the information provided on your application.

1. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

2. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

3. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

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