



**TRUCK AND TRANSPORT MECHANIC
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 **9,540 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D

*Holders of a **Certificate of Qualification in Heavy Duty Equipment Technician** will be eligible to challenge this certification by documenting **5,040 hours** of directly related work experience.*

*Holders of a **Certificate of Qualification in Transport Trailer Technician or Diesel Engine Mechanic** will be eligible to challenge this certification by documenting **8,040 hours** of directly related work experience.*

*Holders of a **military certificate in Vehicle Technician MT #129 / MT #411, QL5 or higher** will be eligible to challenge this certification.*

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):		Total Number Hours of Truck and Transport Mechanic Experience Accumulated in that Period:
From:	To:	
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 (8)	Declaration Response
Occupational Skills <i>Includes:</i> Completing maintenance records and documents; operating and maintaining tools and equipment; inspecting and cleaning vehicle components; conducting road tests; and maintaining vehicle.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Chassis and Frames <i>Includes:</i> Modifying length and height of frames; and working on suspensions, hitches, and couplers.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Air Systems, Brakes, and Steering <i>Includes:</i> Working on air systems, braking systems, steering systems, and tires, wheels, rims and hubs.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Electrical and Electronic Systems <i>Includes:</i> Working on electrical systems; charging systems; starting systems; ignition systems; electrical conductors and connectors; electronic components, and electrical and electronic accessories.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Cab and Body <i>Includes:</i> Working on heating, ventilation, air conditioning and refrigeration systems; trailer bodies; and cab body and trim.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Engine and Supporting Systems <i>Includes:</i> Working on engines; cooling systems; lubrication systems; fuel systems; intake, exhaust and emission systems; and auxiliary braking 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 (8)	Declaration Response
Drive Train <i>Includes: Working on clutches; standard transmissions; automatic transmissions; drive lines; and differentials and transfer cases.</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Accessories <i>Includes: Working on accessories and hydraulic systems.</i>	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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