



HEATING TECHNICIAN WORK-BASED TRAINING HOURS REPORT

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

Please print clearly and return to the address noted above

*This form is used by sponsors to report work-based training hours for an apprentice in the Heating Technician program only. Missing information may delay the reporting process. **Note:** The apprentice's registered sponsor must always sign this form.*

A. Apprentice Information

ITA Individual ID #:	Program (Trade):	
Legal First Name:	Legal Middle Name (s):	Legal Last Name:
Date of Birth (MM/DD/YYYY):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Suite Number:	Mailing Address:	
City:	Province:	Postal Code:
Phone Number: ()	Secondary Phone Number: ()	Email Address:

B. Work-Based Training Hours Report

Reporting Period: (MM,DD,YYYY) <i>Please ensure you include a start date and end date on this report (do not use "to-date" or "ongoing", etc). End date of report is the date you are reporting hours up to, for example the date of this report.</i>	Start Date: _____ End Date: _____	Total number of work-based training hours reported during this period: <i>Do not overlap any hours on this report with hours sent in previously. Note: We are unable to accept future dates for hours apprentices have yet not worked.</i>
Company name of employer providing work-based training hours: (if different than registered Sponsor)	Program (Trade): HEATING TECHNICIAN Program Endorsement: (Select 1 endorsement only. If reporting hours for both endorsements, submit the information on separate forms.) HYDRONIC HOURS <input type="checkbox"/> FORCED AIR HOURS <input type="checkbox"/>	
Employer contact name and phone number: (if different than registered Sponsor Contact)	Signature of Employer contact: (if different than registered Sponsor)	

The signature of the apprentice's registered sponsor or an authorized representative is required. Without it, the work-based training hours claimed in this report will not be added to the apprentice's record.

C. Sponsor Approval

"I attest that the work-based training completed by the above named trainee/apprentice is being done under the supervision/direction of a certified tradesperson or equivalent."

Sponsor Organization Name:	Name of Authorized Sponsor Representative: (Please Print)
Sponsor Organization ITA ID#:	Signature of Authorized Sponsor Representative: