



HEAVY EQUIPMENT OPERATOR (HEO) LOGBOOK INTAKE FORM

ITA Customer Service
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Please print clearly and return to the address noted above

This form is submitted by apprentices along with their logbook to request initial and subsequent endorsement(s) to achieve Heavy Equipment Operator (HEO) Certification.

A. Apprentice Information

ITA Individual ID #:(leave blank for new registration)	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. Endorsement(s) Requested

When submitting a logbook to ITA; we strongly recommend that you take photocopies of all training and employer entries as a backup and send it to us via registered mail. You may also choose to drop off your logbook in person at the ITA office. Please note that you can pick up your logbook in person from the ITA office. However, should you wish for your logbook to be mailed back to you; please note that it is mailed via regular mail. You have the option to enclose a pre-paid Express Post envelope when you submit your logbook.

Please indicate which endorsement(s) you are requesting on your logbook and kindly ensure that the appropriate and applicable sections on your logbook are completed to support your request for endorsement.

- | | |
|---|---|
| <input type="checkbox"/> Backhoe | <input type="checkbox"/> Loader |
| <input type="checkbox"/> Feller/Buncher | <input type="checkbox"/> Dangle Head Processor |
| <input type="checkbox"/> Dozer | <input type="checkbox"/> Articulated Haul Truck |
| <input type="checkbox"/> Wheel Skidder | <input type="checkbox"/> Grapple Yarder |
| <input type="checkbox"/> Excavator | <input type="checkbox"/> Grader |
| <input type="checkbox"/> Track Skidder | <input type="checkbox"/> Log Loader |

Privacy Statement

The Industry Training Authority is committed to protecting the privacy of any personal information you may provide when filling an application form with us. The Industry Training Authority will not use or share any personal information provided by the applicants except with the consent of the individual to whom the information relates or as otherwise authorized by the Freedom of Information and Protection of Privacy Act.

Certification and authorization for collection, use and disclosure of personal information

"I agree to allow ITA, in accordance with the BC Freedom of Information and Protection of Privacy Act, to use and provide to others the personal information I have provided on this form, as well as any other information necessary for administering the apprenticeship training program in which I am applying, including the application process, program delivery, evaluation and certification. I authorize ITA to provide my personal information for the previously stated purpose to apprenticeship officials in other jurisdictions, my present and future sponsors, educational institutions, private trainers and to other agencies, regulatory authorities and ministries of municipal, provincial and federal governments where the information is necessary for them to fulfill their legal responsibilities and/or manage apprenticeship-related programs. I also authorize ITA to make the status of my certification and apprenticeship publicly available."

Attestation

"I attest that the information I have provided is complete and accurate; and I authorize ITA to verify its accuracy. I acknowledge that I read and understood that if I knowingly provide ITA with untrue information and/or false documents; ITA may refer the matter to legal authorities. Furthermore, I understand and agree that if I provide untrue information and/or false documents to ITA or fail to provide information requested by them; then ITA may, at its sole discretion, take actions including but not limited to denying me assessment and/or revoking credit or certification they have granted to me."

Applicant Signature:	Date: (MM/DD/YYYY)
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