



APPLIANCE 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

D. Supervisor Declaration of Job Task Performance

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. Cross out any job tasks you did not see the applicant perform.

Job Tasks	Declaration Response
Occupational Skills <i>Including:</i> Using tools and equipment, Organizes work.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Removal and Installation Procedures <i>Including:</i> Preparing installation site, Handles appliance, Disconnecting/reconnecting appliance.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Electrical and Electronic Systems <i>Including:</i> Diagnosing electrical and electronic components, Performs electrical and electronic repair.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Mechanical Systems <i>Including:</i> Diagnosing drive systems, Assessing cabinets, consoles and suspension systems, Repairs drive systems, Repairs cabinets, consoles and suspension systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Water Systems <i>Including:</i> Diagnosing water systems, Repairs water systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Air Systems <i>Including:</i> Diagnosing static air systems, Diagnosing forced air systems, Repairs static air systems, Repairing forced air systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Refrigeration Systems <i>Including:</i> Diagnosing refrigeration systems, Recovers refrigerant, Repairs refrigeration systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Gas Systems <i>Including:</i> Diagnosing gas system components and supply, Repairs gas system components.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

E. Confirmation of Prerequisite Credentials or Certificates

For some trades, evidence that the applicant has earned prerequisite credentials or certificates is required before the individual is permitted to challenge certification or receive Supervision and Sign-Off Authority. For those trades, a current or previous employer must verify that the applicant has the required prerequisite credentials.

There are no prerequisite credentials or certificates for this trade.

Enter the Supervisor and Applicant names from Page 1 on every page of this form

Supervisor First and Last Name:	Applicant First and Last Name:
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F. 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 from Page 1 on every page of this form

Supervisor First and Last Name:	Applicant First and Last Name:
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