



# AUTOMOTIVE GLASS 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

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 **5,265 hours** performing the job tasks listed in Section D of this form,
- experience performing at least **70%** of those tasks, and
- proof of achievement of industry-based practical assessment (see website for details <http://www.itabc.ca/program/automotive-glass-technician>) *This is not applicable if you are applying for Supervision and Sign-off Authority.*

*This form is used to declare work experience for periods of employment. The information provided is used to verify the applicant's work experience in this trade. This form 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 by each Employer listed on the applicant's completed Application form. A Statutory Declaration of Work Experience form must be completed for periods during which the applicant was self-employed or a previous employer is unavailable to complete an Employer Declaration. For more information, see **Instructions for Certification Challenge or Supervision and Sign-Off Authority.**

### 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. Supervisor Contact Information

Enter the name and contact information for the person who directly supervised the applicant at this employer. Ensure the information given is current as the application will be denied if this person cannot be contacted by ITA.

Name of Organization/Employer/Business:		
First and Last Name of Applicant's Direct Supervisor:		Supervisor Position or Title:
Suite Number:	Street Number and Name:	
City:	Province:	Postal Code:
Business Number: ( )	Mobile Phone Number: ( )	Supervisor E-Mail Address:

### C. Employment Information of Applicant

Dates of Applicant's Employment (MM/DD/YYYY): From:    To:		Total Number Hours of <b>Automotive Glass Technician</b> Experience Accumulated in that Period:
Job Title of Applicant:		



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### 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.

Job Tasks	Declaration Response
<b>PERFORM SAFETY-RELATED FUNCTIONS</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to use personal protective equipment (PPE) and safety equipment?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to maintain a safe work environment?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to adhere to requirements to federal vehicle safety standards?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>USE TOOLS, EQUIPMENT, AND SUPPLIES</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to use tools and equipment?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to use setting and lifting equipment?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to use supplies, such as adhesives, urethane systems, and fasteners?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>ORGANIZE WORK AND USE DOCUMENTATION</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to communicate effectively with others?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to interpret and apply technical information?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to contribute to preparation of estimates and supplements?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to organize parts, materials and work area?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>PREPARE VEHICLE</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to identify supplemental restraint systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to remove contaminants?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to protect undamaged areas?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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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Job Tasks	Declaration Response
<b>PERFORM WINDSHIELD REPAIR</b>	
Is the applicant able to prepare surface for repair?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to repair laminated glass?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>REMOVE, REPAIR AND INSTALL COMPONENTS</b>	
Is the applicant able to remove components?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to install component?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>REMOVE AND INSTALL GLASS/MATERIALS</b>	
Is the applicant able to remove non-bonded glass/materials?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to prepare surfaces for bonding?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to fabricate templates?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to cut glass/material?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to install non-bonded glass/materials?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to install bonded glass/materials?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>PREPARE VEHICLE FOR DELIVERY</b>	
Is the applicant able to verify system calibration?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to perform final inspection?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>PERFORM TROUBLESHOOTING PROCEDURES</b>	
Is the applicant able to diagnose water leaks?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to diagnose glass-related issues?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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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**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. For those trades, you must prove you have the required prerequisite credentials.*

I declare that I have attained the prerequisite credentials or certification required to be considered eligible to challenge in this trade:

- Prerequisite Third Party Proof of Achievement on Practical Assessment       Copy of proof attached

**This is not applicable if you are applying for Supervision and Sign-off Authority.**

**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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