



AUTOMOTIVE REFINISHING PREP TECHNICIAN

STATUTORY 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 **2,520 hours** performing the tasks listed in Section E, and
- experience performing at least **70%** of the job tasks listed in Section E

Holders of a BC Certificate of Qualification in Motor Vehicle Body Repairer (Metal and Paint) (Automotive Collision Technician) are eligible to challenge the Automotive Refinishing Prep Technician CofQ Examination.

A Statutory Declaration of Work Experience is used to declare work experience for periods during which you were self-employed or a previous employer is unavailable to complete an Employer Declaration. Please note that unless your work experience hours were gained through self-employment, Certification Challenge and Supervision and Sign-Off Authority applications will not be accepted if they are only accompanied by a Statutory Declaration. Non-self-employed applicants must provide an Employer Declaration from at least one employer who can verify work experience. For more information, see **Instructions for Certification Challenge or Supervision and Sign-off Authority**.

The information provided on this form is used to assess and to validate your work experience in this trade.

A. Applicant Name

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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B. Supervisor or Self-Employment Contact Information

Enter the contact information for the Supervisor at your previous employer who is unavailable to complete an Employer Declaration, or for your own business if you are self-employed.

Name of Organization/Employer/Business:		Supervisor Name:	Supervisor's Position/Title:
Suite Number:	Street Number and Name:		
City:	Province:	Postal Code:	
Telephone Number: ()	Email Address:	Business Registration Number: (Self-Employment only)	

C. Employment or Self-Employment Information of Applicant

Enter the dates and number of hours for this period of employment or self-employment. Combine multiple periods of self-employment on one form, but separate periods of employment with different employers on separate forms.

Dates of Employment (MM/DD/YYYY):		Total Number Hours of Automotive Refinishing Prep Technician Experience Accumulated in that Period:
From:	To:	
Job Title of Applicant:		



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D. Reason for Statutory Declaration

Indicate why a Statutory Declaration is required for this period of employment:

- Applicant was self-employed
- Employer will not complete Employer Declaration
- Employer is no longer in business
- Employment records are not available

Applicants must attempt to contact current or previous employers to request an Employer Declaration. If you have been unable to obtain an Employer Declaration for any portion of your non-self-employed work experience, indicate the steps you have taken to try to obtain it. If sufficient evidence of steps taken is not provided, the application may not be approved.

Enter the applicant name (repeat on every page of this form).

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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E. Statutory Declaration of Job Task Performance

By checking “Yes” or “No” in the Declaration Response column, indicate whether or not you have performed the job tasks listed below. Cross out any job tasks you did not perform during the period indicated in Section C.

Job Tasks	Declaration Response
PERFORM SAFETY-RELATED FUNCTIONS Including: Use PPE and safety equipment and maintain safe work environment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
MAINTAIN TOOLS AND EQUIPMENT Including: Maintain hand and power tools, maintain spray booth and maintain spray equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USE DOCUMENTATION Including: Interpret vehicle information, use technical manuals and bulletins, comply with safety and environmental regulations and interpret work orders	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PLAN WORK Including: Perform inspection and organize production schedule	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PREPARE SURFACE Including: Prepare vehicle for refinishing, mask vehicle, strip surface, and sand surface	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USE REPAIR MATERIALS Including: Mix repair materials, apply repair materials and apply corrosion protection	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USE EQUIPMENT Including: Use spray guns, operate spray booth, operate drying and curing equipment and use paint manufacturers' software and equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PERFORM PRE-DELIVERY TASKS Including: Remove surface imperfections, and install trim and accessories	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

F. Confirmation of Prerequisite Credentials or Certificates

There are **no** prerequisite credentials or certificates to challenge this trade.

G. Applicant Signature

I certify that the information I 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.)

Applicant Name (please print):	Applicant Signature:	Date: (MM/DD/YYYY)
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Enter the applicant name (repeat on every page of this form).

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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H. References

References must accompany all Statutory Declarations. Include with your completed Statutory Declaration the names and contact information of three individuals who can verify your self-declared work experience in this trade. This may include suppliers (maximum one), former employees (maximum one), contractors, or regular, long-term clients (maximum one).

Each individual listed will be contacted by ITA to verify the information provided on your application.

1. Reference

Legal Last Name of Reference:	Legal First Name of Reference:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

2. Reference

Legal Last Name of Reference:	Legal First Name of Reference:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

3. Reference

Legal Last Name of Reference:	Legal First Name of Reference:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

Enter the applicant name (repeat on every page of this form).

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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