



PARTSPERSON 2

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
Parts Identification Recognize common measuring tools, engine components, fuel and induction system parts, common engine lubrication components, engine cooling and heating components, exhaust system components, bearing and seals, power train components, suspension and steering system components, breaking system components, motive power industrial electrical components, auto body parts and repair materials, air conditioning system components and handling, hydraulic system components, and implications of aftermarket accessories.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Standard Stock Recognition Recognize standard stock motive power items and core return procedures.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Catalogues Recognize catalogue information sourcing, cost quotation and selling related parts.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Communication and Professionalism Recognize effective oral communication skills, written communication skills, professional appearance, and conduct.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Sales Representative Characteristics Recognize traits of an effective sales representative, and methods of effective salesmanship.	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.

I have verified that the applicant has attained all the prerequisite credentials or certification required to be considered eligible to challenge or receive Supervision and Sign-Off Authority in this trade.

- Parts and Warehousing Person 1 certification
 Copy of certificate attached

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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