ita industry training authority

THE RIGHT SKILLS ▶ A PROVEN ADVANTAGE

HEATING TECHNICIAN WORK-BASED TRAINING REPORT

ITA Customer Service
Suite 110 - 2985 Virtual Way
Vancouver, BC V5M 4X7
Tel: 778-328-8700
Fax: 778-328-8701
Toll Free: 1-866-660-6011
customerservice@itabc.ca

*Please complete the relevant sections of this form to report your work-based training hours for your apprentice. Print clearly. Required fields are indicated in **BOLD.** Missing information may delay the reporting process.*
Return completed form to ITA Customer Service (email, fax or mail).

***Note:** The apprentice's registered sponsor must always sign this form.*

A. Apprentice Information

ITA Individual ID#:	Email Address:	
Legal First Name:	Legal Middle Name (s):	**Legal Last Name**:
Suite Number:	**Mailing Address**:	
City:	**Province**: B.C.	**Postal Code**:
Phone Number: ( )	Fax Number: ( )	

B. Work-Based Training Hours Report

Reporting Period: (MMMM,DD,YYYY) **Start Date:** **End Date:** *Please ensure you include an end date to report (do not use "to-date" or "ongoing", etc. End date of report would be the date you are reporting hours "up to" for example you could use the date you return the report to ITA for processing*	**Total number of work-based training hours reported during this period:** *Please ensure that if you are recording hours that you do not overlap an hours that were sent in previously. Please note: we are unable to accept "future dates" as apprentices have not worked those hours yet.*
Company name of employer providing work-based training hours (if different than registered Sponsor):	**Program (Trade): HEATING TECHNICIAN** **Program Endorsement** (Select 1 endorsement only. If reporting hours for both endorsements, submit the information on separate forms.): **HYDRONIC HOURS** ☐ **FORCED AIR HOURS** ☐
Employer Contact name and phone number (if different than registered Sponsor Contact:	**Signature of Employer contact** (if different than registered Sponsor)

Signature by an authorized representative the apprentice's registered sponsor attesting to the statement below is required to approve the reported work-based training hours being added to the apprentice's training record.

I attest that the work-based training completed by the above named trainee/apprentice is being done under the supervision/direction of a certified tradesperson or equivalent.

C. Sponsor Approval

Sponsor Organization Name:	**Name of Authorized Sponsor Representative**: (Please Print)
Sponsor Organization ITA ID#:	**Signature of Authorized Sponsor Representative**: