

TRADE: INDUSTRIAL MECHANIC (0015)
*(Millwright)***PACKAGE INFORMATION:**

Please review the entire contents of this package prior to completing.

This package contains all of the information and forms you need to apply for *Credit of Prior Work-Based Experience hours* toward your apprenticeship for the trade of **Industrial Mechanic**. The purpose of this package is to assist you to submit the information your Current Sponsor must approve for ITA to credit you for prior work-experience.

As an apprentice, you may be granted credit for your previous relevant work-based practical experience with the approval of your current sponsor. There are two ways in which to obtain this credit:

- For previous work experience you gained with a different employer (or multiple employers), please have your Prior Employer(s) complete and sign a Prior Work Experience Declaration Form (Part B) detailing the hours and type of experience. You must then take this form(s) to your Current Sponsor for approval and signature.
- If your Prior Employer can no longer be contacted, you may complete an affidavit (*Statutory Declaration Form*) detailing the duration and type of experience for approval *by your Current Sponsor*.

Forms:

1. **Prior Work-Based Experience Declaration** (pages 2 & 3 of this package). *Note:* A Prior Work Experience Declaration form must be completed and signed by any Prior Employers where you have acquired work experience hours you want credited toward your current apprenticeship hours, and must be approved by your Current Sponsor.
2. **Statutory Declaration** (pages 4 and 5 of this package) to be completed by applicant *if required and approved by your Current Sponsor*. See page 4 for additional information on Statutory Declarations.
3. If you are submitting a Statutory Declaration Form, you must **mail** the *original* approved Prior Work-Based Experience Declaration Form to the ITA. Faxed or photocopies of the Declaration Form will not be accepted.

Process:

- Step 1:** Complete **Part A** on page 2 of the enclosed Prior Work Experience Declaration Form.
- Step 2:** Have each Previous Employer (Prior Employer) complete and sign a separate **Part B** (on page 3) of the Prior Work Experience Declaration Form. This will provide your Current Sponsor/Employer with your prior work experience history.
- Step 3:** Have your Current Sponsor/Employer sign **Part C** (on page 2) of the Prior Work Experience Declaration Form to approve the hours to be credited toward your current apprenticeship.
- Step 4:** Return the signed, completed form (**Parts A, C, and where applicable B**) to the Industry Training Authority at the above address.

If you have any questions regarding the completion of this prior work-based training hours credit application, contact **ITA Customer Service** (see above contact information) or send an email to:

customerservice@itabc.ca

Please print clearly and return to the applicant.

Part B. Prior Work-Based Experience Description
(Important: To Be Completed by Prior Employer and returned to Applicant)

Apprentice's Last Name:		Apprentice's First Name:	
Name of Organization/Employer/Business:	Name of Reporting Sponsor:	Position / Title:	
Telephone Number: ()	Fax Number: ()	E-Mail Address:	
Dates of Prior Work-Based Training Experience (YYYY/MM/DD):		Hours of Prior Work-Based Experience:	
Start Date:	End Date:		

By checking "yes" or "no", indicate in the "Employer's Response" column which of the following tasks the applicant performed during the period of employment with your organization. Cross out any tasks that were not performed.	Employer's Response
Planning and Workplace Safety <i>Includes:</i> Identifying task requirements and labour requirements; identifying parts and material requirements for equipment installation; and determining safety, lock-out procedures and personal protection.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Tools – Fasteners <i>Includes:</i> Using precision measuring tools, layout tools, hand tools, power tools, shop machines, and fastening devices.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Rigging and Cranes <i>Includes:</i> Determining rigging, hoisting, and load requirements; installing, troubleshooting and maintaining lifting, rigging and hoisting equipment; and safely operating rigging and hoisting equipment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Cutting, Welding, and Metallurgy <i>Includes:</i> Inspecting work area for safety; selecting, testing and processing metals; welding, brazing and cutting metal using gas welding equipment; welding metal using arc welding equipment, metal inert gas (MIG) equipment, and tungsten inert gas (TIG) equipment; and cutting metal using plasma arc equipment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installation and Maintenance of Components and Systems <i>Includes:</i> Installing safety guards and rails; performing lubrication and alignment practices; installing, troubleshooting, and maintaining power transmission systems, material moving systems, shafts, bearings and seals, pumps, prime movers, fans and blowers, and tanks and containers; and starting up and running in commissioning.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Fluid Power <i>Includes:</i> Installing, troubleshooting, and maintaining hydraulic systems, pneumatic systems, and vacuum systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Preventive and Predictive Maintenance <i>Includes:</i> Determining and performing preventive and predictive maintenance; performing vibration analysis and rotating equipment balancing; performing non-destructive testing (NDT); and documenting maintenance performed using manual and computer entry.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Other Tasks <i>Includes:</i> Please identify any other tasks performed, if applicable to this trade.	

I certify that the information I have provided is accurate. *(To be signed by Prior Employer.)*

Date Signed	Prior Employer Signature
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Please print clearly and return to the address noted above.

Statutory Declaration – Part 2

By checking “yes” or “no”, indicate in the “Employer’s Response” column which of the following tasks the applicant performed during the period of employment with your organization. <i>Cross out any tasks that were not performed.</i>	Employer’s Response
Planning and Workplace Safety <i>Includes:</i> Identifying task requirements and labour requirements; identifying parts and material requirements for equipment installation; and determining safety, lock-out procedures and personal protection.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Tools – Fasteners <i>Includes:</i> Using precision measuring tools, layout tools, hand tools, power tools, shop machines, and fastening devices.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Rigging and Cranes <i>Includes:</i> Determining rigging, hoisting, and load requirements; installing, troubleshooting and maintaining lifting, rigging and hoisting equipment; and safely operating rigging and hoisting equipment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Cutting, Welding, and Metallurgy <i>Includes:</i> Inspecting work area for safety; selecting, testing and processing metals; welding, brazing and cutting metal using gas welding equipment; welding metal using arc welding equipment, metal inert gas (MIG) equipment, and tungsten inert gas (TIG) equipment; and cutting metal using plasma arc equipment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installation and Maintenance of Components and Systems <i>Includes:</i> Installing safety guards and rails; performing lubrication and alignment practices; installing, troubleshooting, and maintaining power transmission systems, material moving systems, shafts, bearings and seals, pumps, prime movers, fans and blowers, and tanks and containers; and starting up and running in commissioning.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Fluid Power <i>Includes:</i> Installing, troubleshooting, and maintaining hydraulic systems, pneumatic systems, and vacuum systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Preventive and Predictive Maintenance <i>Includes:</i> Determining and performing preventive and predictive maintenance; performing vibration analysis and rotating equipment balancing; performing non-destructive testing (NDT); and documenting maintenance performed using manual and computer entry.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Other Tasks <i>Includes:</i> Please identify any other tasks performed, if applicable to this trade.	

I solemnly declare that the information provided in this Declaration, to the best of my knowledge, is true.

Applicant’s Signature:	Date: (YYYY/MM/DD)
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This section to be completed by: Declaration of Official	
Last Name:	First Name:
Occupation: <input type="checkbox"/> Commissioner for Oaths <input type="checkbox"/> Notary Public <input type="checkbox"/> Lawyer	
Address:	
Telephone Number: ()	Declared before me on Date: (YYYY/MM/DD)
Signed at: (City, Province)	Signature of Official: