

**APPLICATION FOR  
SUPERVISION AND SIGN-OFF AUTHORITY  
INDUSTRIAL MECHANIC  
(MILLWRIGHT) (0015)**

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

Please print clearly and return to the address noted above  
**Application Package Instructions**

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

**APPLICATION PACKAGE INFORMATION:**

Please review the contents of this package prior to completing.

Supervision and Sign-Off Authority authorizes you to recommend certification for Industrial Mechanic (Millwright) trade apprentices.

This package contains the information and the forms you need to apply for Supervision and Sign-Off Authority for the trade of Industrial Mechanic (Millwright).

The purpose of this package is to assist you in collecting the information necessary for us to complete the assessment of your application. The ITA will assess your work experience and determine whether you qualify for Supervision and Sign-Off Authority.

The ITA will process your assessment within *10 days of receipt of your complete information* and will notify you in writing the results of your assessment. Applications will be returned if information is missing. We can not process incomplete applications.

**Forms:**

1. **Application for Supervision and Sign-Off Authority and Work Experience Summary Information** (page 2 of this package). To be completed by applicant.
2. **Employer Declaration** (pages 3 & 4 of this package). *Note:* An Employer Declaration form must be completed and signed by any current or previous employers where you have acquired work experience you want assessed as part of your application (see page 2 section B).
3. **Document Checklist** (page 5 of this package) to be completed by applicant.
4. **Statutory Declaration** (pages 7 and 8 of this package) to be completed by applicant if required. See page 6 for additional information on Statutory Declarations.

**All Documents must be submitted in English. Translations of documents in languages other than English must be done by a Certified Translator.**

- You are responsible for the cost of translation services.
- For a list of certified translators, contact the Society of Translators and Interpreters of British Columbia, or visit their web site at <http://www.stibc.org/directory.php>.

If you have any questions regarding the completion of this Challenge Assessment application, contact **ITA Customer Service** at **1-866-660-6011** or send an email to: **customerservice@itabc.ca**

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## A. Applicant's Information

Registration Number (TWID):					
Legal Last Name:		Legal First Name:		Legal Middle Name (s):	
Date of Birth (YYYY/MM/DD):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Suite Number:	Mailing Address:				
City:		Province: B.C.	Postal Code:		Email:
Daytime Telephone Number: (        )		Home Telephone Number: (        )		Fax Number: (        )	

To qualify for Supervision and Sign-Off Authority as an Industrial Mechanic, you must provide proof of having worked a minimum of **9,900 hours** performing the tasks listed on the *Employer Declaration* (page 4). In general your work experience should cover at least 70% of the tasks (4 out of 6 tasks) listed in Part 2 of the Employers Declaration (page 4).

## B: Work Experience Summary Information

Name of Organization/Employer(s) *	Dates of Employment	Total # of Hours of Experience
	From:                      To: (YYYY/MM/DD)	
	From:                      To: (YYYY/MM/DD)	
	From:                      To: (YYYY/MM/DD)	
	From:                      To: (YYYY/MM/DD)	

**\*Note:** An *Employer Declaration* form (pages 3 and 4) must be completed by each of the Employers listed above. See *Employer Declaration* "Instructions to Employers" for additional information.

### Privacy Statement

The Industry Training Authority is committed to protecting the privacy of any personal information you may provide when filing an application form with us. The Industry Training Authority will not use or share any personal information provided by the applicants except with the consent of the individual to whom the information relates or as otherwise authorized by the Freedom of Information and Protection of Privacy Act.

### Certification and authorization for collection, use and disclosure of personal information

"I certify that the information that I, as an individual applying to either challenge this certification, or be granted Supervision and Sign-off Authority for apprentices in this trade, have provided is accurate and I understand and agree that ITA reserves the right to verify the accuracy of such information. I agree to allow ITA, in accordance with the BC Freedom of Information and Protection of Privacy Act, to use and provide to others the personal information I have provided on this form, as well as any other information necessary, for the purpose of administering the apprenticeship training program I'm seeking to challenge or receive Supervision and Sign-off Authority for, including the application process, program delivery, evaluation and certification. I authorize ITA to provide my personal information for the previously stated purpose to apprenticeship officials in other jurisdictions, my present and future sponsors, educational institutions, private trainers and to other agencies, regulatory authorities and ministries of municipal, provincial and federal governments where the information is necessary for them to fulfill their legal responsibilities and/or manage apprenticeship-related programs. I also authorize ITA to make the status of my certification and apprenticeship publicly available."

Applicant Signature:	Date: (YYYY/MM/DD)
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## For Office Use Only

Date Screened:	Missing Information	Results
Application Status <input type="checkbox"/> Application Complete <input type="checkbox"/> Application Incomplete – Returned to Applicant		Hours: Required: of <b>9,900</b> Reported: Scope: Required: 4 out of 6 tasks Reported



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## Employer Declaration – Part 2

By checking “yes” or “no”, indicate in the “Declaration Response” column whether the applicant performed the following tasks during the period of employment with the organization indicated on Part 1 of the Statutory Declaration. <i>Cross out any tasks that were not performed.</i>	<b>Declaration Response</b>
<b>Occupational Skills</b> <i>Includes:</i> Maintaining tools and equipment, Organizing work, Performing routine trade tasks, Performing measuring and layout, Using cutting and welding equipment, Preparing for installation and maintenance of components and systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Rigging, Hoisting and Lifting</b> <i>Includes:</i> Planning lifts, Hoisting loads, Inspects and maintaining rigging, hoisting and lifting equipment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Mechanical Components and Systems</b> <i>Includes:</i> Servicing prime movers, Servicing shafts, bearings and seals, Servicing couplings, clutches, and brakes. Servicing chain and belt drive systems and brakes, Servicing gear systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Material Handling/Process Systems</b> <i>Includes:</i> Servicing fans and blowers, Servicing compressors, Servicing pumps, Servicing conveying systems, Servicing process tanks and containers.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Fluid Power</b> <i>Includes:</i> Servicing hydraulic systems, Servicing pneumatic and vacuum systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Preventive and Predictive Maintenance, Testing and Commissioning</b> <i>Includes:</i> Performing preventive and predictive maintenance, Performing specialized testing and analysis, Commissioning equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

**Certification:**

I certify that the information I (as employer) 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:	Employer Signature:	Date: (YYYY/MM/DD)
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**DOCUMENTATION CHECKLIST**

To avoid delays in processing, please use the following checklist to ensure the required documentation is attached to your application and all forms are complete. **We can not process incomplete applications.**

**ALL APPLICABLE BOXES MUST BE CHECKED OFF:**

- All documents, including letters and certificates, are originals or *certified true copies* of originals, in the English language.
- Any translations have been performed by Certified Translators.
- The Applicant has completed in full and signed, the **Application for Supervision and Sign-Off Authority and Work Experience Summary Information** (Page 2 of this package)
- Each Employer has completed in full and signed, the **Employer Declaration** (Pages 3 & 4 of this package).
- The information contained on each **Employer Declaration** form matches the information declared on the Applicant's **Work Experience Summary Information**.
- A **Statutory Declaration** form is enclosed in situations when an Employer Declaration is not available (pages 7 & 8 of this package). See *Statutory Declaration information on page 6 of this package*.

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**Statutory Declarations**

A Statutory Declaration form may be used to document time worked in a trade when applying to receive Sign-Off Authority for a trade **only due to the following circumstances:**

1. The firm is no longer in business and the principals cannot be located.
2. The owner/manager is deceased and complete employment records are not available.
3. The firm is located overseas and extreme difficulties are encountered in trying to get the documentation.
4. The applicant has been self-employed as an owner/operator of a business.
5. A firm refuses to issue a letter to document time worked in a trade.

A Statutory Declaration, using the form that is provided on pages 7 and 8 of this package, must be completed **for each place of employment** for which you are unable to provide an Employer Declaration.

**Important:** The Statutory Declaration form is comprised of **Part 1 (page 7) and Part 2 (page 8)**. It must be completed for each place of employment you cannot obtain documentation for, and must be sworn before a Lawyer, Notary Public, or Commissioner of Oaths for the Province of British Columbia. Please make additional copies of the Statutory Declaration form as needed.



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## Statutory Declaration – Part 2

By checking “yes” or “no”, indicate in the “Declaration Response” column whether the applicant performed the following tasks during the period of employment with the organization indicated on Part 1 of the Statutory Declaration. <i>Cross out any tasks that were not performed.</i>	Declaration Response
<b>Occupational Skills</b> <i>Includes:</i> Maintaining tools and equipment, Organizing work, Performing routine trade tasks, Performing measuring and layout, Using cutting and welding equipment, Preparing for installation and maintenance of components and systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Rigging, Hoisting and Lifting</b> <i>Includes:</i> Planning lifts, Hoisting loads, Inspects and maintaining rigging, hoisting and lifting equipment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Mechanical Components and Systems</b> <i>Includes:</i> Servicing prime movers, Servicing shafts, bearings and seals, Servicing couplings, clutches, and brakes. Servicing chain and belt drive systems and brakes, Servicing gear systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
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<b>Fluid Power</b> <i>Includes:</i> Servicing hydraulic systems, Servicing pneumatic and vacuum systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Preventive and Predictive Maintenance, Testing and Commissioning</b> <i>Includes:</i> Performing preventive and predictive maintenance, Performing specialized testing and analysis, Commissioning equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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

Applicant's Name	Applicant's Signature:	Date: (YYYY/MM/DD)
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This section to be completed by:		<b>Declaration of Official</b>	
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:	