

HEATING TECHNICIAN WORK-BASED TRAINING REPORT

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: <i>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)</i>	Total number of work-based training hours reported during this period: <i>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.</i>
Company name of employer providing work-based training hours (if different than registered Sponsor):	Program (Trade): HEATING TECHNICIAN Program Endorsement (Select 1 endorsement only): HYDRONIC HOURS <input type="checkbox"/> FORCED AIR HOURS <input type="checkbox"/>
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: