



REQUEST FOR RECOMMENDATION FOR CERTIFICATION RESIDENTIAL FRAMING TECHNICIAN

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

Please print clearly and return to the address or fax above

RESIDENTIAL FRAMING TECHNICIAN

This form is used by sponsor of Residential Framing Technician to request certification of an apprentice who has completed all work-based training hours and program requirements.

INSTRUCTIONS:

If certification is recommended, complete and return the Sponsor Information below, Section 1 (Recommendation for Certification) and Section 2* (Work-Based Training Checklist) to ITA Customer Service.

**Recommendation for Certification cannot be processed unless accompanied by the Work-based Training Checklist signed off by the Sponsor.*

If certification is not recommended complete and return the Sponsor Information below plus Section 3 (Certification Not Recommended) to ITA Customer Service.

Sponsor Information:

Contact Name		Sponsor ID No.
Company		
Address		
City	Province	Postal Code
Phone Number	Fax Number	

SECTION 1: RECOMMENDATION FOR CERTIFICATION

Apprentice Name	Individual ID No.
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Work-based Training Hours Reporting Period: (MM,DD,YYYY)	Total number of work-based training hours reported during this period
Start Date End Date	
<i>Please ensure that you include an actual end date, do not use "to date" or ongoing. End date is the date you are reporting hours "up to".</i>	<i>Please ensure that there is no overlap of previously reported hours. Note: Do not report "future hours" as these are not "worked hours".</i>

Note: Trade signoff must be provided by a Journeyperson certified as a Residential Framing Technician or equivalent.

1. I/We hereby confirm that the apprentice named above has completed a minimum of 70% of the competencies listed on the RFT Work-based Training Checklist (attached).
2. I/We hereby confirm that the apprentice named above is working at the competency level of a certified tradesperson and recommend certification.

Employer/Sponsor Signature		Date
Name (please print) of certified Tradesperson	Certificate No.(TWID#)	Date
Tradesperson Signature		Date



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SECTION 2: WORK-BASED TRAINING CHECKLIST

This form is intended for the Sponsor or Authorized Representative to use as a work-based training checklist to verify that the apprentice has demonstrated competence in a minimum of 70% of the Areas of Competency listed. To qualify for Certification the apprentice must have completed eight out of the twelve Areas of Competency, including all four Mandatory Competencies plus four Additional Competencies.

By checking “yes” or “no”, indicate in the “Sponsor’s Response” column whether the applicant performed the following tasks during the period of employment with your organization. Cross out any tasks that were not performed.	Sponsor Response
MANDATORY AREAS OF COMPETENCY	
Construct Residential Walls MANDATORY* <input type="checkbox"/> Constructs exterior walls* <input type="checkbox"/> Constructs posts and beams* <i>Includes: Constructs back-framing</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Construct Residential Floors MANDATORY* <input type="checkbox"/> Assembles floor systems* <i>Includes: Assembles sill plates, Assembles decks</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Construct Residential Roofs MANDATORY* <input type="checkbox"/> Installs pre-fabricated trusses* <input type="checkbox"/> Constructs roof joist systems* <input type="checkbox"/> Constructs gable roof* <i>Includes: Installs strapping & sheathing, Installs roof back-framing</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Construct Residential Stairs MANDATORY* <input type="checkbox"/> Constructs stairs*	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
ADDITIONAL AREAS OF COMPETENCY	
Orientation to the Residential Construction Industry <i>Includes: Describes work performed by Framing Technicians, Describes construction industry structure, Describes residential construction trades</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Residential Construction Career Access Skills <i>Includes: Performs basic construction calculations, Uses safe work practices, Identifies construction materials, Works safely around material handling vehicles, Explains WCB construction regulations</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Residential Construction Tools and Equipment <i>Includes: Uses and maintains hand tools and measuring devices, Portable electric drills and screwdrivers, Circular saws and saw blades, Chain saws, Portable Generators, Table saws, Pneumatic nailers and staplers, Reciprocating saws, Sliding mitre and chop saw, Laser and builders levels, Ladders and scaffolds, Powder-Actuated Tool Certification</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Build Concrete Formwork <i>Includes: Installs footings, Installs foundation walls, Installs forms for flatwork, Installs formwork for columns</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Drawings, Specifications, Layout <i>Includes: Reads construction drawings & specifications, Identifies material types and quantities, Describes building layout and site evacuation, Describes building codes and bylaws.</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installing Residential Windows and Doors <i>Includes: Installs windows, Installs doors</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Renovate Residential Buildings <i>Includes: Installs temporary supports, Dismantles building components, Assesses renovation plans, Reassembles building components</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Residential Construction Building Sciences <i>Includes: Explains the forces acting on a building, Heat and sound transfer principles, Air and moisture movement in a building, Methods of controlling the forces acting on a building, Methods of controlling heat and sound transmission, Methods of controlling air and moisture flow.</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Certification:

I certify that the information I (as sponsor) 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:	Sponsor/Authorized Representative Signature:	Date: (YYYY/MM/DD)
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**REQUEST FOR
RECOMMENDATION FOR CERTIFICATION
RESIDENTIAL FRAMING TECHNICIAN**

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SECTION 3: CERTIFICATION NOT RECOMMENDED BY SPONSOR

Rationale:

If you do not recommend certification for the apprentice please indicate the reason(s) below and provide a date on which the ITA should send a Request for Recommendation for Certification again. Signature of an authorized representative of the sponsor is also required.

Date for ITA to re-send Request for Recommendation for Certification: _____

Sponsor Signature:

Sponsor ID No: _____ Date _____

Trainee/Apprentice Acknowledgement

The decision of my sponsor has been discussed with me.

Apprentice Signature: _____

Individual ID No: _____ Date _____