

CERTIFIED ICE TECHNICIAN (CIT)

STEP I: APPLICANT CONTACT INFORMATION

..... EMAIL

MR
 MS

FIRST NAME LAST NAME

..... TITLE/POSITION EMPLOYER

HOME
 BUSINESS

ADDRESS

..... TOWN/CITY PROVINCE/STATE POSTAL/ZIP CODE

..... HOME PHONE BUSINESS PHONE

STEP II: DESIGNATION REQUIREMENTS

I, certify that I have successfully completed the following requirements in order to be awarded the Certified Ice Technician (CIT) designation.

- hold "Individual Membership" in the ORFA
- provide proof of minimum Grade 12 education
- have two years full-time work experience in refrigeration operations and ice making and maintenance
- have completed the following ORFA-approved courses with a minimum 60% passing grade:
 - Basic Arena Refrigeration (or Advanced Refrigeration Facility Operator or TSSA's Refrigeration Operator Class "B" Certification)
 - Ice Making and Painting Technologies
 - Ice Maintenance and Equipment Operations
 - Legal Awareness I - Supervising in a Recreation Environment or IOSH Managing Safely in the case of UK or European Residents

..... NAME OF AUTHORIZED REPRESENTATIVE (PLEASE PRINT) TITLE

..... AUTHORIZED REPRESENTATIVE'S SIGNATURE BUSINESS PHONE

..... APPLICANT'S SIGNATURE APPLICATION DATE

NOTE: All CIT holders are required to recertify every five years.

STEP III: STATEMENT OF DECLARATION AND CODE OF ETHICS

I wish to apply for an ORFA professional designation and to the best of my knowledge, the information presented as part of this application is true and correct. I understand the ORFA reserves the right to confirm this information, as required. If I am awarded an ORFA professional designation I agree to abide by the Code of Ethics and understand that I must maintain an individual membership with the ORFA.

ORFA professional designation holders shall:

- hold learning and continuing professional development as fundamental to support and promote the Association's professional designation programs
- demonstrate respect for client dignity and rights and foster practices of inclusion in all aspects of professional activity
- not knowingly contravene or cause to be contravened, any legislation, act, regulation or by-law which relates to their position or the registration program
- be aware of the responsibility to client, employer and community, and to minimize the risk of injury or liability
- strive to maintain the community and employer trust and refrain from any inappropriate practice which may lead to or appear to lead to personal gain
- hold personal knowledge and information gathered in normal business activity as confidential and immediately acknowledge any and all appearance of conflict of interest
- practice and encourage a code of moral behaviour anticipated by our clients, employers and Association.

..... SIGNATURE OF APPLICANT DATE

STEP IV: APPLICATION SUBMISSION Please forward your completed application form to: Ontario Recreation Facilities Association Inc., 1 Concorde Gate, Suite 102, Toronto, Ontario, Canada, M3C 3N6 or email: info@orfa.com