

TRADE: DOMESTIC/COMMERCIAL GASFITTER (0184)**PACKAGE INFORMATION:**

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

This package contains all of the forms and information you need to apply for *Credit of Prior Work-Based Experience hours* toward your apprenticeship for the trade of **Domestic/Commercial Gasfitter**. The purpose of this package is to document 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.

- For 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 & 4 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 5, 6 & 7 of this package) to be completed by applicant *if required and approved by your Current Sponsor*. See page 5 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 pages 3 & 4) 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 address noted above.

Prior Work-Based Experience Declaration Form

Part A. Apprentice's Information (To Be Completed by Applicant)

Registration Number (TWID):	Apprenticeship ID:	Industry Training Program (Trade) Name:
Legal Last Name:	Legal First Name:	Legal Middle Name (s):
Current Apprenticeship Start Date (YYYY/MM/DD):		

Instructions to Apprentice:

Please complete **Part A** of the enclosed Prior Work-Based Experience Declaration form. Part B of the form must be then completed by each Prior Employer where you are requesting a credit of prior work-based experience hours toward your current apprenticeship training program. The completed form must then be signed off by your Current Sponsor for approval of your prior work-based experience hours. 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.

Instructions to Prior Employers:

Please complete **Part B** of the enclosed Prior Work-Based Experience Declaration form. The information you provide will be used to identify the applicant's work experience with your organization for review and approval by the applicant's Current Sponsor/Employer for the trade of **Domestic/Commercial Gasfitter**. The Declaration will provide the Current Sponsor with details on the hours and experience the applicant has performed with your organization related to the Trade of **Domestic/Commercial Gasfitter**.

Instructions to Current Sponsors for Prior Work Experience:

As outlined in the Industry Training Authority policy on *Credit for Prior Related Practical Experience*, apprentices who want credit for prior work-based training experience must submit to you (the Current Sponsor) for your approval documentation detailing the hours they have worked related to their apprenticeship.

Please review the contents of the completed Prior Work Experience Declaration form for this apprentice and complete **Part C** (below) of the form to indicate the number of work-based experience training hours you are approving for this applicant. Note: It is the responsibility of the Current Sponsor to decide how many hours of prior work experience will be approved toward this applicant's apprenticeship.

Part C. Current Sponsor – Approval of Prior Work-Based Experience Hours (To Be Completed by Current Sponsor/Employer)

Date of Approval:	Total Number of Prior Work-Based Experience Hours Approved:	
Dates of Approved Prior Work Experience From: _____ To: _____		
Name of Current Sponsor:	Sponsor Registration No.	Signature of Current Sponsor:

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
Common Occupational Skills Plans work activity, uses and maintains gasfitting related hand and portable power tools and equipment, prepares gas piping for installation, installs gas piping supports and hangers, protecting piping and appliance/equipment from damage, installing fire-stopping where applicable, interpreting natural gas and liquefied petroleum gas (LPG) codes and standards, interprets service and operating manuals, demonstrating gasfitting work practices and procedures.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Common Occupational Activity Installs, tests, maintains and repairs propane (LPG) and/or natural gas (CH ₄) systems, gas piping, appliances, equipment, accessories, components, appurtenances, in residential and commercial occupancies.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Common Occupational Abilities Working with gasfitting related electrical components, electrically operated valves, electrically operated switches, controls, limits, operating valves, safety switches, safe wiring methods, interpreting electrical codes/standards relating to gasfitting appliance/equipment installation and operation. Interpreting electrical gas appliance manufacturer's schematic and ladder diagrams. Installation of electrical components as well as electrical diagnosis, service and repair of electrical components as related to gas appliances and equipment. Select approved gas pipe, valves, fittings, materials and equipment for installation, make joints using brazing, flair fittings joints and approved compression fittings. Adjust burners for optimal efficiency. Perform input calculations. Check proper stack action/vent operation. Check for adequate combustion air/ventilation air openings. Check all flame safety controls/switches. Inspect and adjust gas regulators as required. Check for adequate gas pressure and adjust if necessary. Confirm orifice size through input calculations. Check function of operating valves and safety valves. Check electrical controls and electrical circuits for proper and safe function. Follow manufacturer's instructions for fire-up and operation. Instruct owner/client on correct gas appliance/equipment operation. Leave manufacturer's literature with owner/client.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Tools and Equipment Using gasfitting tools and gasfitting equipment appropriately, maintaining gasfitting tools and equipment as required.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Drawings and Specifications Reads blueprints and gasfitting specifications, interpreting gasfitting related installation drawings, gasfitting electrical schematic diagrams, interpreting gasfitting manufacturer's installation specifications and operation specifications.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Layout Layout of gas piping, gas equipment, gas equipment trim, gas piping and gas appliance supports and hangers, layout gas equipment accessories.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

**PRIOR WORK-BASED TRAINING
CREDIT APPLICATION
DOMESTIC/COMMERCIAL
GASFITTER (0184)**

ITA Customer Service
Suite 110 - 2985 Virtual Way
Vancouver, BC V5M 4X7
Tel: 778-328-8700
Fax: 778-328-8701
Toll Free: 1-866-660-6011

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
Communication and Organization Co-ordinates with clients, organizing gas appliance installation, organization of schedules and performing liaison duties.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Fabrication and/or Installation Identifying approved gas components, identifying approved gas materials, assembly of prefabricated components and complete installation of appliance or equipment to manufacturer's specifications.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Quality Assurance Apply gas codes and standards, co-ordinate and perform testing, test for leaks and function, test appliance/equipment for proper and safe operation.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Commissioning (Start-up, testing, adjusting, and balancing) Verify testing of gas appliance/equipment, start-up and run gas equipment, verify safety components, adjust appliance/equipment for optimal performance, advice owner/client of proper equipment/gas appliance operation, secure manufacturer's literature with owner.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintenance and Service Troubleshooting gas appliances and equipment, performing preventative maintenance, repairing system, components and gas accessories, reactivating system and adjusting appliance/equipment for optimal performance.	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
<p>Common Occupational Skills Plans work activity, uses and maintains gasfitting related hand and portable power tools and equipment, prepares gas piping for installation, installs gas piping supports and hangers, protecting piping and appliance/equipment from damage, installing fire-stopping where applicable, interpreting natural gas and liquefied petroleum gas (LPG) codes and standards, interprets service and operating manuals, demonstrating gasfitting work practices and procedures.</p>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<p>Common Occupational Activity Installs, tests, maintains and repairs propane (LPG) and/or natural gas (CH₄) systems, gas piping, appliances, equipment, accessories, components, appurtenances, in residential and commercial occupancies.</p>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<p>Common Occupational Abilities Working with gasfitting related electrical components, electrically operated valves, electrically operated switches, controls, limits, operating valves, safety switches, safe wiring methods, interpreting electrical codes/standards relating to gasfitting appliance/equipment installation and operation. Interpreting electrical gas appliance manufacturer’s schematic and ladder diagrams. Installation of electrical components as well as electrical diagnosis, service and repair of electrical components as related to gas appliances and equipment. Select approved gas pipe, valves, fittings, materials and equipment for installation, make joints using brazing, flair fittings joints and approved compression fittings. Adjust burners for optimal efficiency. Perform input calculations. Check proper stack action/vent operation. Check for adequate combustion air/ventilation air openings. Check all flame safety controls/switches. Inspect and adjust gas regulators as required. Check for adequate gas pressure and adjust if necessary. Confirm orifice size through input calculations. Check function of operating valves and safety valves. Check electrical controls and electrical circuits for proper and safe function. Follow manufacturer’s instructions for fire-up and operation. Instruct owner/client on correct gas appliance/equipment operation. Leave manufacturer’s literature with owner/client.</p>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<p>Tools and Equipment Using gasfitting tools and gasfitting equipment appropriately, maintaining gasfitting tools and equipment as required.</p>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<p>Drawings and Specifications Reads blueprints and gasfitting specifications, interpreting gasfitting related installation drawings, gasfitting electrical schematic diagrams, interpreting gasfitting manufacturer’s installation specifications and operation specifications.</p>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<p>Layout Layout of gas piping, gas equipment, gas equipment trim, gas piping and gas appliance supports and hangers, layout gas equipment accessories.</p>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<p>Communication and Organization Co-ordinates with clients, organizing gas appliance installation, organization of schedules and performing liaison duties.</p>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<p>Fabrication and/or Installation Identifying approved gas components, identifying approved gas materials, assembly of prefabricated components and complete installation of appliance or equipment to manufacturer’s specifications.</p>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<p>Quality Assurance Apply gas codes and standards, co-ordinate and perform testing, test for leaks and function, test appliance/equipment for proper and safe operation.</p>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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
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Maintenance and Service Troubleshooting gas appliances and equipment, performing preventative maintenance, repairing system, components and gas accessories, reactivating system and adjusting appliance/equipment for optimal performance.	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: