



BRICKLAYER (MASON)
EMPLOYER DECLARATION
OF WORK EXPERIENCE

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

To qualify to challenge certification in this trade or be granted authority to supervise and sign-off on apprentices in this trade, individuals must have:

- worked a minimum of **7,500 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D

Please Note:

To obtain an ITA certification in this trade via challenge, successful completions of the following two exams are required: the practical exam and the Inter-Provincial written exam. The written exam component of this challenge process will be administered by the Industry Training Authority. The practical exam component for the process is being administered by the Trowell Trades Association on behalf of the Industry Training Authority. Scheduling and payment for the practical exam must be arranged through the Trowell Trades Association.

For further information regarding the practical exam and the fee structure, please go to the Trowell Trades website at www.ttta.ca.

This form is used to declare work experience for periods of employment. The information provided is used to verify the applicant's work experience in this trade. This form must be completed by a **direct supervisor of the applicant**, who will be contacted by ITA.

Note: An Employer Declaration of Work Experience form must be completed by each Employer listed on the applicant's completed Application form. A Statutory Declaration of Work Experience form must be completed for periods during which the applicant was self-employed or a previous employer is unavailable to complete an Employer Declaration. For more information, see **Instructions for Certification Challenge or Supervision and Sign-Off Authority**.

A. Applicant Name

Enter the name of the individual for whom this form is being completed.

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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B. Supervisor Contact Information

Enter the name and contact information for the person who directly supervised the applicant at this employer. Ensure the information given is current as the application will be denied if this person cannot be contacted by ITA.

Name of Organization/Employer/Business:		
First and Last Name of Applicant's Direct Supervisor:		Supervisor Position or Title:
Suite Number:	Street Number and Name:	
City:	Province:	Postal Code:
Business Number: ()	Mobile Phone Number: ()	Supervisor E-Mail Address:



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C. Employment Information of Applicant

Dates of Applicant's Employment (MM/DD/YYYY): From: _____ To: _____	Total Number Hours of Bricklayer (Mason) Experience Accumulated in that Period: _____
Job Title of Applicant: _____	

D. Supervisor Declaration of Job Task Performance

By checking "Yes" or "No" in the Declaration Response column, indicate whether or not you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed. Cross out any job tasks you did not see the applicant perform.

Job Tasks	Declaration Response
Uses Safe Work Practices Manages workplace hazards, applies OHS Regulations and WorkSafeBC standards, uses fall protection systems and equipment, uses personal protective equipment, uses fired safety procedures, and applies WHMIS.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses Tools and Equipment Uses hand tools and measuring equipment, uses power tools, uses ladders, scaffolds and elevated platforms, uses rigging and hoisting equipment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Organizes Work Uses mathematics, uses drawings, specifications and documentation, communicates with others, handles materials, lays out wall and ceiling coursing.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performs Routine Mason Practices Prepares the site, applies surface techniques, installs envelope materials, uses mortars, grouts and bonding agents.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Applies Masonry Systems Builds non load-bearing masonry walls, builds load bearing walls and columns, builds horizontal masonry, builds and installs pre-fabricated masonry, installs surface bonded masonry units.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Applies Stone Systems Installs stone veneer, installs stone cladding.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Build Chimneys, Fireplaces and Refractory Materials Lays masonry units, installs refractory materials for heat-resistant applications, installs corrosion resistant materials for corrosion resistant applications.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Enter the Supervisor and Applicant names from Page 1 on every page of this form

Supervisor First and Last Name: _____	Applicant First and Last Name: _____
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Job Tasks	Declaration Response
Performs Restoration Rebuilds masonry work, restores existing masonry work, cleans and seals masonry surfaces.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performs Specialized Masonry Work Installs glass blocks, installs ornamental and sculptured masonry, builds arches.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

E. Confirmation of Prerequisite Credentials or Certificates

For some trades, evidence that the applicant has earned prerequisite credentials or certificates is required before the individual is permitted to challenge certification or receive Supervision and Sign-Off Authority. For those trades, a current or previous employer must verify that the applicant has the required prerequisite credentials.

- There are no prerequisite credentials or certificates for this trade.

F. Supervisor Signature

I certify that the information I, as the current or former direct supervisor of the applicant, 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.)

Supervisor name (Please Print):	Supervisor Signature:	Date Signed: (MM/DD/YYYY)
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Enter the Supervisor and Applicant names from Page 1 on every page of this form

Supervisor First and Last Name:	Applicant First and Last Name:
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