



**PLUMBER**  
**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 **9,630 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D

**2,810 documented hours of directly related work experience for holders of a Certificate of Qualification (Inter-Provincial Red Seal Endorsement) in Steamfitter/Pipefitter or Sprinkler System Installer will be required to challenge the Inter-Provincial Red Seal Examination**

**Holders of a military certificate in Plumbing and Heating Technician MT #304 / MT #646, QL5 or higher will be eligible to challenge the Plumber Inter-Provincial Red Seal examination.**

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:

## C. Employment Information of Applicant

Dates of Applicant's Employment (MM/DD/YYYY): From:                                  To:	Total Number Hours of <b>Plumber</b> Experience Accumulated in that Period:
Job Title of Applicant:	



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**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.*

<b>Job Tasks</b>	<b>Declaration Response</b>
<p><b>Common Occupational Skills</b></p> <p>Includes: Planning work activities; using and maintaining hand and portable power tools and equipment; preparing piping for installation; installing support systems; testing piping, plumbing systems and equipment; supervising excavation and backfilling of trenches; protecting piping systems and other plumbing equipment from damage; installing fire stopping systems; and acting as mentor to apprentices.</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p><b>Piping Preparation and Assembly</b></p> <p>Includes: Preparing and joining copper tube, tubing and fitting tubing; preparing and joining plastic pipe; preparing and joining steel pipe; preparing and joining cast iron pipe; preparing and joining glass pipe; preparing and joining asbestos-cement pipe</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p><b>Drainage, Waste, Vents, and Private Sewage Disposal Systems</b></p> <p>Includes: Installing site services; installing private sewage systems; preparing rough-in for buried interior drainage, waste and vent systems; and installing rough-in for interior drainage, waste and vent systems above grade.</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p><b>Water Service and Distribution</b></p> <p>Includes: Installing: water services; potable water distribution systems; pressure systems; selecting and installing pumps</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p><b>Fixtures, Appliances and Water Treatment</b></p> <p>Includes: Installing water treatment systems; installing plumbing fixtures and appliances</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p><b>Hydronic Heating and Cooling Systems</b></p> <p>Includes: Installing hydronic heating/cooling: piping systems; generating equipment; transfer units; and system controls.</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p><b>Specialized Systems</b></p> <p>Includes: Installing: natural and liquefied petroleum gas (LPG) systems; medical gas systems; cross-connection control; petroleum systems; and other specialty systems.</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p><b>Maintenance and Repairs</b></p> <p>Includes: Maintaining and repairing plumbing-related systems and components.</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>

*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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**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)

*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: