



# BROADBAND NETWORK TECHNICIAN

## STATUTORY 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, you must:

- Have worked a minimum of **6,160 hours** performing some or all of the job tasks listed in Section E of this form, and
- Have experience performing at least **70%** of those tasks

A Statutory Declaration of Work Experience is used to declare work experience for periods during which you were self-employed or a previous employer is unavailable to complete an Employer Declaration. Please note that unless your work experience hours were gained through self-employment, your application to challenge certification will not be accepted if it is only accompanied by a Statutory Declaration. Non-self-employed applicants must provide an Employer Declaration from at least one employer who can verify work experience. For more information, see **Instructions for Certification Challenge**.

The information provided on this form is used to assess and to validate your work experience in this trade.

### A. Applicant Name

Legal First Name:	Legal Middle Name(s):	Legal Last Name:

### B. Supervisor or Self-Employment Contact Information

Enter the contact information for the Supervisor at your previous employer who is unavailable to complete an Employer Declaration, or for your own business if you are self-employed.

Name of Organization/Employer/Business:		Supervisor Name:	Supervisor's Position/Title:
Suite Number:	Street Number and Name:		
City:		Province:	Postal Code:
Telephone Number: (     )		Email Address:	Business Registration Number: (Self-Employment only)

### C. Employment or Self-Employment Information of Applicant

Enter the dates and number of hours for this period of employment or self-employment. Combine multiple periods of self-employment on one form, but separate periods of employment with different employers on separate forms.

Dates of Employment (MM/DD/YYYY):  From: _____ To: _____	Total Number Hours of <b>Broadband Network Technician</b> Experience Accumulated in that Period:
Job Title of Applicant: _____	



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### D. Reason for Statutory Declaration

Indicate why a Statutory Declaration is required for this period of employment:

- Applicant was self-employed
- Employer will not complete Employer Declaration
- Employer is no longer in business
- Employment records are not available

Applicants must attempt to contact current or previous employers to request an Employer Declaration. If you have been unable to obtain an Employer Declaration for any portion of your non-self-employed work experience, indicate the steps you have taken to try to obtain it. If sufficient evidence of steps taken is not provided, the application may not be approved.

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### E. Statutory Declaration of Job Task Performance

By checking “yes” or “no”, indicate in the “Declaration Response” column whether the applicant performed the following tasks during the period of employment with the organization indicated on Part 1 of the Statutory Declaration. <i>Cross out any tasks that were not performed.</i>	Declaration Response
<b>Trade Safety:</b> Use personal protective equipment, practice safe working procedures.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Broadband RF Systems and Components:</b> Describe RF signal distribution systems, describe television systems, apply decibel theory and mathematics, describe broadband communications architecture, describe broadband system amplifiers, interpret broadband RF system designs, describe components of subscriber installations, describe structured cabling systems, describe transmission systems and components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Broadband System Construction, Installation and Upgrade:</b> Construct broadband systems (outside plant), perform broadband systems installations.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Maintain and Repair Broadband Systems:</b> Use testing tools and equipment, perform routine and preventative maintenance on broadband systems, describe signal leakage, describe digital signal maintenance and repair, troubleshoot modem operation, repair broadband systems, maintain and repair broadband amplifiers.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Headend:</b> Describe headend and components, maintain and repair headend.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Enter the applicant name (repeat on every page of this form).

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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<b>Fiber Optic Systems and Components:</b> Describe fiber optic technologies and components, describe fiber-to-the-premise (FTTP) architecture and components, maintain and repair fiber optic systems.	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
<b>Maintain and Repair Broadband Powering Systems:</b> Maintain and repair the power distribution system of a broadband network, maintain and repair power supply systems for broadband networks.	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>

### F. 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. For those trades, you must prove you have the required prerequisite credentials. Prerequisite credentials for this trade are listed below.

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

### G. Applicant Signature

I certify that the information I 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 (please print):	Applicant Signature:	Date: (MM/DD/YYYY)
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Enter the applicant name (repeat on every page of this form).

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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### H. References

References must accompany all Statutory Declarations. Include with your completed Statutory Declaration the names and contact information of three individuals who can verify your self-declared work experience in this trade. This may include suppliers (maximum one), former employees (maximum one), contractors, or regular, long-term clients (maximum one).

Each individual listed will be contacted by the Industry Training Organization (ITO) responsible for this trade or ITA to verify the information provided on your application.

#### 1. Reference

Legal Last Name of Reference:	Legal First Name of Reference:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

#### 2. Reference

Legal Last Name of Reference:	Legal First Name of Reference:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

#### 3. Reference

Legal Last Name of Reference:	Legal First Name of Reference:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

Enter the applicant name (repeat on every page of this form).

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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