



ROOFER
(ROOFER, DAMP AND WATERPROOFER)
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 **5,400 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D

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 Roofer 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.

Job Tasks	Declaration Response
Occupational Skills <i>Including:</i> Using tools and equipment, Organizing work, Preparing work site.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Roof Preparation <i>Including:</i> Preparing roof for replacement, Preparing roof for new installation.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Low Slope and Flat Roofing <i>Including:</i> Applying built-up roofing components, Applying membranes.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Shingles, Tiles and Preformed Metal Roofing <i>Including:</i> Applying shingles, Applying tiles, Applying pre-formed metal roofing.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Waterproofing and Damp-Proofing <i>Including:</i> Waterproofing surfaces, Damp-proofing surfaces.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Roof Maintenance <i>Including:</i> Assessing roof condition, Maintaining roof.	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, the applicant must prove 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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