





**GLAZIER**  
**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

**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
<b>Use Safe Work Practices</b> <i>Includes:</i> Control workplace hazards, Apply OHS regulations and WCB standards, Use Global Harmonized System 2015 (WHMIS) Certification, Use personal protective equipment, Practice fire prevention, Apply Level 1 First Aid practices, Use fall protection systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Organize Work</b> <i>Includes:</i> Interpret drawings and specifications, Use codes, regulations and standards, Apply manufacturer and supplier documentation, Apply trade math, Plan sequence of work, Handle materials, Communicate with others.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Use Tools and Equipment</b> <i>Includes:</i> Use hand tools, Use portable power tools, Use stationary power tools, Use layout and measuring equipment, Use ladders and scaffolds, Use rigging and hoisting equipment, Operate mobile access equipment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Fabricate Commercial Systems</b> <i>Includes:</i> Fabricate storefront systems, window systems, curtain walls, skylights and sloped glazing systems, guardrail, handrail and balustrade systems, Perform glass cutting and edge treatment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Install Commercial Systems</b> <i>Includes:</i> Install storefront systems, window systems, curtain walls, skylights and sloped glazing systems, commercial entrance systems, guardrail, handrail and balustrade systems, building envelope membranes, flashing, Use caulking and sealants.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Install Residential Systems</b> <i>Includes:</i> Install residential skylights and solariums, shower enclosures, mirrors and back-painted glass, guardrail, handrail and balustrade systems, residential windows, doors, frames and hardware, Lay out residential window and door systems, Glaze residential windows and doors,	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Install Specialty Glass and Products</b> <i>Includes:</i> Lay out and assemble specialty glass and products, Install custom glazing systems.	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
<b>Service Glazing Systems</b> <i>Includes: Service commercial and residential window and door systems.</i>	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)

*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: