



INDUSTRIAL ELECTRICIAN

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

This form is used to declare work experience for periods during which you were self-employed or a previous employer will not complete an Employer Declaration.

Note: *Unless your work experience was gained through self-employment, applications must be accompanied by at least one Employer Declaration. For more information, see Instructions for Certification Challenge.*

To qualify to challenge certification in this trade, individuals must have:

- worked a minimum of **9,000 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D

Holders of a **Certificate of Qualification** in **Construction Electrician** will be eligible to challenge this certification by documenting **3,000 hours** of directly related work experience.

Holders of a **military certificate** in **Electrical Technician MT #125 / Marine Electrician MT #331/332, QL5 or higher** will be eligible to challenge this certification.

A. Applicant Name

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

B. Self-Employment or Employment Information of Applicant

Enter the contact information for your own business if you are self-employed or your previous employer who will not complete an Employer Declaration.

Name of Organization/Employer/Business:		Business Registration Number: (Self-Employment only)	
Mailing Address:		City:	
Province/ State:	Country:	Postal Code/ Zip Code:	
Business Phone Number: ()	Email Address:	Website:	

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

Dates of Employment (MM/DD/YYYY):		Total Number Hours of Industrial Electrician Experience Accumulated in that Period:
From:	To:	
Job Title of Applicant:		



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C. Reason for Statutory Declaration

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

- Applicant was self-employed Employer will/can not complete Employer Declaration

Applicants **must** attempt to contact current or previous employers to request an Employer Declaration filled out and signed.

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.

D. Statutory Declaration of Job Task Performance

By checking “Yes” or “No” in the Declaration Response column, indicate whether you have performed the job tasks listed below during the period indicated in Section B.

Job Tasks (64)	Declaration Response
SAFETY-RELATED FUNCTIONS	Yes: <input type="checkbox"/>
Is this candidate able to use personal protection equipment (PPE) and safety equipment?	No: <input type="checkbox"/>
Is this candidate able to maintain a safe work environment?	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Is this candidate able to perform lock-out and tag-out procedures?	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
TOOLS AND EQUIPMENT	Yes: <input type="checkbox"/>
Is this candidate able to use common and specialty tools and equipment?	No: <input type="checkbox"/>
Is this candidate able to use access equipment?	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Is this candidate able to use rigging, hoisting and lifting equipment?	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Is this candidate able to use measuring and testing equipment?	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
ORGANIZE WORK	Yes: <input type="checkbox"/>
Is this candidate able to interpret plans, drawings and specifications?	No: <input type="checkbox"/>
Is this candidate able to use the Canadian Electrical Code (CEC)?	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>

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Job Tasks (64)	Declaration Response
Is this candidate able to organize materials and supplies?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to plan project tasks and procedures?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to prepare the worksite?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to finalize required documentation?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to identify hazardous locations?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
SUPPORT COMPONENTS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to fabricate support structures?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to install brackets, hangers and fasteners?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to install seismic restraint systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
COMMISSION AND DECOMMISSION ELECTRICAL SYSTEMS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to commission systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to perform start-up and shutdown procedures?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to decommission systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
COMMUNICATION AND MENTORING TECHNIQUES	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to use communication techniques?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to use mentoring techniques?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
CONSUMER/SUPPLY SERVICES AND METERING EQUIPMENT	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to install/maintain single-phase consumer/supply services and metering equipment?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to install/maintain three-phase consumer/supply services and metering equipment?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PROTECTION DEVICES	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to Install/maintain overcurrent protection devices?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to Install/maintain ground fault, arc fault and surge protection devices?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to Install/maintain under and over voltage protection devices?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
LOW VOLTAGE DISTRIBUTION SYSTEMS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to Install/maintain low voltage distribution equipment?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
POWER CONDITIONING, UNINTERRUPTIBLE POWER SUPPLY (UPS) AND SURGE SUPPRESSION SYSTEMS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to install/maintain power conditioning, ups and surge suppression systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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BONDING, GROUNDING, AND GROUND FAULT DETECTION SYSTEMS Is this candidate able to install/maintain grounding and bonding systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to install/maintain ground fault detection systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
POWER GENERATION SYSTEMS Is this candidate able to install/maintain AC (alternating current) generating systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to install/maintain DC (direct current) generating systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
RENEWABLE ENERGY GENERATING AND STORAGE SYSTEMS Is this candidate able to install/maintain renewable energy generating and storage systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
HIGH VOLTAGE SYSTEMS Is this candidate able to install/maintain high voltage systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
TRANSFORMERS Is this candidate able to install/maintain extra-low and low-voltage single-phase transformers?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to install/maintain low-voltage three-phase transformers?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to install/maintain high-voltage transformers?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
RACEWAYS, CABLES, AND ENCLOSURES Is this candidate able to install/maintain conductors and cables?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to install/maintain raceways, boxes and fittings?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
BRANCH CIRCUITRY Is this candidate able to install/maintain luminaires?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to install/maintain wiring devices?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to install/maintain lighting controls?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to install/maintain lighting standards?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to install/maintain airport runway lighting systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to install/maintain traffic signal lights and controls?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
HEATING, VENTILATING, AND AIR-CONDITIONING (HVAC) SYSTEMS Is this candidate able to install/maintain HVAC systems and controls?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
EXIT AND EMERGENCY LIGHTING SYSTEMS Is this candidate able to install/maintain exit and emergency lighting systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
CATHODIC PROTECTION SYSTEMS Is this candidate able to install/maintain cathodic protection systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks (64)	Declaration Response
MOTOR STARTERS AND CONTROLS Is this candidate able to install/maintain motor starters and controls?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
DRIVES Is this candidate able to install/maintain drives?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
NON-ROTATING EQUIPMENT AND ASSOCIATED CONTROLS Is this candidate able to install/maintain non-rotating equipment and associated controls?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
MOTORS Is this candidate able to install/maintain AC motors?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to install/maintain DC motors?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
SIGNALING SYSTEMS Is this candidate able to install/maintain fire alarm systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to install/maintain security and surveillance systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
COMMUNICATION SYSTEMS Is this candidate able to install/maintain Voice/Data/Video (VDV) systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
BUILDING AUTOMATION SYSTEMS Is this candidate able to install/maintain building automation systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
AUTOMATED CONTROL SYSTEMS Is this candidate able to install/maintain automated control systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to program automated control systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to optimize system performance?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PNEUMATIC, HYDRAULIC CONTROL AND PUMPING SYSTEMS Is this candidate able to install/maintain pneumatic control systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to install/maintain hydraulic control systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to install/maintain pumping systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

E. 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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F. References

Minimum of Three References must accompany **each Statutory Declaration form**. Include names and contact information of minimum three individuals who can attest to your hours and/or scope of trade. References listed must be related to the organization and period of employment listed in Section B of this form.

Each individual listed will be contacted by ITA to verify the information provided on your application.

1. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

2. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

3. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

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