

## 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

Legal Last Name:

This form is used to declare work experience for periods of employment and 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 for each period of employment.

Legal Middle Name(s):

This form is not to be used for periods of self-employment. For more information, see Instructions for Certification Challenge or Supervision and Sign-Off Authority.

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 9,990 hours performing the tasks listed in Section D, and
- experience performing at least 70% of the job tasks listed in Section D

#### A. Applicant Name

Legal First Name:

Enter the name of the individual for whom this form is being completed.

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,			
B. Employment Information of Ap	oplicant		
Enter the business information for the applicant's p	period of employme	ent declared for this tra	ade.
Name of Organization/Employer/Business:			
			,
Mailing Address:			City:
Province/ State:	Country:		Postal Code/ Zip Code:
Business Phone Number: ( )	Website:	_	
Enter the dates and number of hours for this per	riod of employmen	t.	
Dates of Applicant's Employment (MM/DD/YYYY):		Total Number Hours of Insulator (Heat and Frost) Experience Accumulated in that Period:	
From: To:		Accumulated in that Period.	
Job Title of Applicant:			



#### **EMPLOYER DECLARATION** OF WORK EXPERIENCE

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#### **Supervisor Contact Information**

Enter the name and contact information for the person who directly supervised the applicant during this employment period. Ensure the

information given is current as the application will be denied if	this person cannot be contacted by ITA.		
First and Last Name of Applicant's Direct Supervisor:	Supervisor Position or Title:		
Supervisor's Phone Number: Supervisor E-Mail Address:			
Language(s) that the employer/supervisor can communicate: (che	ck all that apply)		
☐ English ☐ Other (please	specify):		
D. Supervisor Declaration of Job Task Pe	rformance of Applicant		
By checking "Yes" or "No" in the Declaration Response columnave personally witnessed the applicant performing the job tasks.	n, indicate whether or not you, as the direct supervisor of th sks listed.	he applic	ant,
Job Tasks/Sub-Tasks (46)		Decla Resp	
PERFORM SAFETY-RELATED FUNCTIONS  Use personal protective equipment (PPE) and seconds.	safety equipment	Yes: No:	
Maintain safe work environment		Yes: No:	
USE AND MAINTAIN TOOLS AND EQUIPMENT Use tools and equipment		Yes: No:	
Use access equipment		Yes: No:	
ORGANIZE WORK Perform task scheduling		Yes: No:	
Organize materials on site		Yes: No:	
USE COMMUNICATION AND MENTORING TECHNIQUES Use communication and mentoring techniques		Yes: No:	
PERFORM ROUTINE TRADE PRACTICES  Perform measurements and calculations		Yes: No:	
Interpret specifications and drawings		Yes: No:	
Enter the Supervisor and Applicant names (repeat on every page	age of this form)		
Supervisor First and Last Name:	Applicant First and Last Name:		



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Job Tasks/Sub-Tasks (46)		Declaration Response	
Prepare substrates		Yes: No:	
Select materials		Yes: No:	
Perform layout		Yes: No:	
INSULATE PIPING AND FITTINGS Install insulation on piping, fittings and hangers		Yes: No:	
Apply vapour barriers on piping and fittings		Yes: No:	
Install cladding, jacketing and finishes on piping and fitti	ngs	Yes: No:	
INSULATE TANK, VESSELS AND EQUIPMENT Install insulation on tanks, vessels and equipment	·		
Apply vapour barriers on tanks, vessels and equipment		Yes: No:	
Install cladding, jacketing and finishes on tanks, vessels and equipment		Yes: No:	
INSULATE PLUMBING AND MECHANICAL PIPING SYSTEMS Install insulation on plumbing and mechanical piping sys	tems	Yes: No:	
Apply vapour barrier on insulated plumbing and mechanical piping systems		Yes: No:	
Install cladding, jacketing and finishes on insulated plumbing and mechanical piping systems		Yes: No:	
INSULATE MECHANICAL DUCTING Install insulation on mechanical ducting		Yes: No:	
Install vapour barrier on insulated mechanical ducting		Yes: No:	
Install cladding, jacketing and finishes on insulated mechanical ducting		Yes: No:	
INSULATE MECHANICAL EQUIPMENT Install insulation on mechanical equipment		Yes: No:	
Enter the Supervisor and Applicant names (repeat on every page of this	form)		
Supervisor First and Last Name: Applican	t First and Last Name:		



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Job Tasks/Sub-Tasks (46)		Declaration Response	
Apply vapour barrier on insulated mechanical equi	ipment	Yes: No:	
INSTALL FIRE STOP SYSTEMS  Identify approved fire stop system		Yes: No:	
Apply fire stop materials to architectural, structural	I, mechanical and electrical components	Yes: No:	
Insulate piping and equipment for soundproofing		Yes: No:	
Install acoustic assemblies for soundproofing		Yes: No:	
INSTALL REMOVABLE COVER Fabricate removable covers			
Fasten removable covers			
Install pipe insulation to underground systems		Yes: No:	
Install pour-in-place and spray-on insulation to underground systems			
SPRAY SEALERS, COATINGS AND SPRAY-ON INSULATION Prepare material, equipment, surrounding work ar		Yes: No:	
Apply reinforcing material, spray insulation, coatings and sealers			
Apply fireproofing to architectural, structural, mech	nanical and electrical components	Yes: No:	
Apply protective covering to fireproofing materials			
Apply insulation to refractory systems		Yes: No:	
Install reflective systems		Yes: No:	
Install cladding, jacketing and finishes to refractory systems		Yes: No:	
Enter the Supervisor and Applicant names (repeat on every page	e of this form)		
Supervisor First and Last Name:	applicant First and Last Name:		



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Job Tasks/Sub-Tasks (46)				Declaration Response		
INSTALL INSULATION FOR CRYOGENIC S' Apply insulation to cryogenic syst					Yes: No:	
Apply vapour barriers to insulated components of cryogenic systems				Yes: No:		
Install cladding, jacketing and finishes to cryogenic systems				Yes: No:		
INSULATE FOR MARINE APPLICATIONS Insulate bulkheads, deckheads ar applications	nd hulls; Install	cladding, jacketing and	finishes on marine	e	Yes: No:	
PERFORM ASBESTOS ABATEMENT Prepare for asbestos abatement; Remove and maintain asbestos; Perform lead abatement and mould remediation				Yes: No:		
Supervisor name (Please Print):	rervisor name (Please Print):  Supervisor Signature:  Date Signed: (MN				M/DD/YYYY)	
Enter the Supervisor and Applicant names (rep						
Enter the Supervisor and Applicant names fret	beat on every bac	ge of this form)				