



INSULATOR (HEAT AND FROST)
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 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:	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 Insulator (Heat and Frost) 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 (46)	Declaration Response
PERFORM SAFETY-RELATED FUNCTIONS Use personal protective equipment (PPE) and safety equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintain safe work environment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USE AND MAINTAIN TOOLS AND EQUIPMENT Use tools and equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use access equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
ORGANIZE WORK Perform task scheduling	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Organize materials on site	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USE COMMUNICATION AND MENTORING TECHNIQUES Use communication and mentoring techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks (46)	Declaration Response
PERFORM ROUTINE TRADE PRACTICES	
Perform measurements and calculations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Interpret specifications and drawings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Prepare substrates	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Select materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform layout	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSULATE PIPING AND FITTINGS	
Install insulation on piping, fittings and hangers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply vapour barriers on piping and fittings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install cladding, jacketing and finishes on piping and fittings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSULATE TANK, VESSELS AND EQUIPMENT	
Install insulation on tanks, vessels and equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply vapour barriers on tanks, vessels and equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install cladding, jacketing and finishes on tanks, vessels and equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSULATE PLUMBING AND MECHANICAL PIPING SYSTEMS	
Install insulation on plumbing and mechanical piping systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply vapour barrier on insulated plumbing and mechanical piping systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install cladding, jacketing and finishes on insulated plumbing and mechanical piping systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSULATE MECHANICAL DUCTING	
Install insulation on mechanical ducting	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install vapour barrier on insulated mechanical ducting	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks (46)	Declaration Response
Install cladding, jacketing and finishes on insulated mechanical ducting	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSULATE MECHANICAL EQUIPMENT Install insulation on mechanical equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply vapour barrier on insulated mechanical equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL FIRE STOP SYSTEMS Identify approved fire stop system	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply fire stop materials to architectural, structural, mechanical and electrical components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSULATE FOR SOUNDPROOFING Insulate piping and equipment for soundproofing	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install acoustic assemblies for soundproofing	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL REMOVABLE COVER Fabricate removable covers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Fasten removable covers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL UNDERGROUND INSULATING SYSTEMS Install pipe insulation to underground systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install pour-in-place and spray-on insulation to underground systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
SPRAY SEALERS, COATINGS AND SPRAY-ON INSULATION Prepare material, equipment, surrounding work area and substrate for spraying	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply reinforcing material, spray insulation, coatings and sealers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL FIREPROOFING Apply fireproofing to architectural, structural, mechanical and electrical components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply protective covering to fireproofing materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL INSULATION FOR REFRACTORY SYSTEMS Apply insulation to refractory systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks (46)	Declaration Response
Install reflective systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install cladding, jacketing and finishes to refractory systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL INSULATION FOR CRYOGENIC SYSTEMS Apply insulation to cryogenic systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply vapour barriers to insulated components of cryogenic systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install cladding, jacketing and finishes to cryogenic systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSULATE FOR MARINE APPLICATIONS Insulate bulkheads, deckheads and hulls; Install cladding, jacketing and finishes on marine applications	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PERFORM ASBESTOS ABATEMENT Prepare for asbestos abatement; Remove and maintain asbestos; Perform lead abatement and mould remediation	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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