



**LATHER
(INTERIOR SYSTEMS MECHANIC)
(WALL AND CEILING INSTALLER)**

**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
Apply Safe Work Practices	Yes: <input type="checkbox"/>
Use Personal Protective Equipment	No: <input type="checkbox"/>
Control Workplace Hazards	Yes: <input type="checkbox"/>
Apply GHS 2015 (WHMIS)	No: <input type="checkbox"/>
Apply OHS Regulations and WorkSafeBC Standards	Yes: <input type="checkbox"/>
Attain First Aid Certification	No: <input type="checkbox"/>
Apply Fall Arrest Procedures	Yes: <input type="checkbox"/>
No: <input type="checkbox"/>	
Apply Codes, Standards, and Documentation	Yes: <input type="checkbox"/>
Apply Codes and Regulations	No: <input type="checkbox"/>
Apply Fire Assembly Requirements	Yes: <input type="checkbox"/>
No: <input type="checkbox"/>	
Use Trade Related Skills	Yes: <input type="checkbox"/>
Use Blueprints and Specifications	No: <input type="checkbox"/>
Apply Trade Math	Yes: <input type="checkbox"/>
No: <input type="checkbox"/>	
Plan a Project	Yes: <input type="checkbox"/>
No: <input type="checkbox"/>	
Use Trade Related Communication Skills	Yes: <input type="checkbox"/>
No: <input type="checkbox"/>	
Use Ladders, Scaffolds, and Lift Equipment	Yes: <input type="checkbox"/>
Use Ladders, Scaffolds, and Aerial Lifts	No: <input type="checkbox"/>
Describe Rigging and Hoisting Practices	Yes: <input type="checkbox"/>
No: <input type="checkbox"/>	
Use Tools and Equipment	Yes: <input type="checkbox"/>
Use Hand Tools	No: <input type="checkbox"/>
Use Power Tools	Yes: <input type="checkbox"/>
No: <input type="checkbox"/>	
Use Powder-Actuated and Gas-Actuated Tools	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
Use Measurement and Layout Tools	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Insulation Install Thermal and Acoustic Insulation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Vapour Barriers and Sealants	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Control Mold	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Non Load Bearing Metal Framing Build Walls, Ceilings, and Bulkheads	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Wood and Metal Backing	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Pressed Steel Frames	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Access Panels	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Load Bearing Metal Framing Build Wind Load and Axial Load Bearing Walls	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Exterior Walls and Panelized Systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Floor Joists	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Describe Roof Rafters	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Gypsum Wallboard Products Install Gypsum Wallboard	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Materials for Lead Radiation Shielding	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Security Mesh	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Fireproofing and Soundproofing Install Soundproofing Materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Materials for Fireproofing and Smoke Seals	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Shaft Wall Assemblies	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Acoustical Ceilings Build Basic Acoustical Ceilings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks	Declaration Response
Build Specialty Acoustical Ceilings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Specialty Systems Install Traditional Lath and Trims on Walls and Ceilings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Build Access Floor Systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Build Demountable Partitions	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Specialty Ceilings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Drywall Taping and Finishing Describe Drywall Finishing Process	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Drywall Compounds, Tape, Beads, Trims, and Expansion Joints	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply Exterior Building Envelope Technologies Install Air and Vapour Barriers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Exterior Finishes	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Rainscreen Systems	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: