



# MARINE FITTER

## 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

To qualify to challenge certification in this trade or be granted authority to supervise and sign-off apprentices this trade, you must:

- Be a certified journeyperson, holding a Metal Fabricator (Fitter) Certificate of Qualification **or** a Boilermaker Certificate of Qualification with Red Seal Endorsement
- Have worked a minimum of **3,690 hours** performing some or all of the job tasks listed in Section D of this form, and
- Have experience performing at least **70%** of those tasks

This form is used to declare work experience for periods of employment. The information provided is used to verify the applicant's work experience in this trade. This form 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 by each Employer listed on the applicant's completed Application form. A Statutory Declaration of Work Experience form must be completed for periods during which the applicant was self-employed or a previous employer is unavailable to complete an Employer Declaration. For more information, see **Instructions for Certification Challenge or Supervision and Sign-Off Authority**.

### A. Applicant Name

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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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### B. Supervisor Contact Information

Enter the name and contact information for the person who directly supervised the applicant at this employer. Ensure the information given is current as the application will be denied if this person cannot be contacted by ITA.

Name of Organization/Employer/Business:		
First and Last Name of Applicant's Direct Supervisor:		Supervisor Position or Title:
Suite Number:	Street Number and Name:	
City:	Province:	Postal Code:
Business Number: ( )	Mobile Phone Number: ( )	Supervisor E-Mail Address:

### C. Employment Information of Applicant

Dates of Applicant's Employment (MM/DD/YYYY): From: _____ To: _____	Total Number Hours of <b>Marine Fitter</b> Experience Accumulated in that Period:
Job Title of Applicant:	



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### 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>Understand the Shipbuilding and Repair Industry</b> <i>Including:</i> Identify shipbuilding processes, describe ship transfer, and use marine industry terminology.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Demonstrate Safe Work Practices</b> <i>Including:</i> Identify safe work practices to shipyard environments, work safety in high hazard environments, and apply safe rigging practices.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Read Ship Drawings</b> <i>Including:</i> Use construction drawings, and use multiple drawing sets.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Create Lofts</b> <i>Including:</i> Apply the lofting process, develop an initial lines plan, refine an initial lines plan, and proof a refined lines plan.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Construct and Repair Ship Structures</b> <i>Including:</i> Use a jig in ship construction, assemble ship structures, outfit ships, erect hull blocks, and repair ship structures.	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.

**For this endorsement, an applicant must already be certified as a Metal Fabricator (Fitter) or a Boilermaker**

I have verified that the applicant has attained the prerequisite credentials or certification required to be considered eligible to challenge or receive Supervision and Sign-Off Authority in this trade:

- |   |   |
|---|---|
| <input type="checkbox"/> Metal Fabricator (Fitter) Certificate of Qualification             | <input type="checkbox"/> Copy of certificate attached |
| <b>OR</b>   |   |
| <input type="checkbox"/> Boilermaker Certificate of Qualification with Red Seal Endorsement | <input type="checkbox"/> Copy of certificate attached |

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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**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)
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*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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