



# MARINE FITTER

## 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

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

- Be a certified journey person, 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 E of this form, and
- Have experience performing at least **70%** of those tasks

A Statutory Declaration of Work Experience is used to declare work experience for periods during which you were self-employed or a previous employer is unavailable to complete an Employer Declaration. Please note that unless your work experience hours were gained through self-employment, your application to challenge certification or apply for Supervision and Sign-off Authority will not be accepted if it is only accompanied by a Statutory Declaration. Non-self-employed applicants must provide an Employer Declaration from at least one employer who can verify work experience. For more information, see **Instructions for Certification Challenge or Supervision and Sign-off Authority**.

The information provided on this form is used to assess and to validate your work experience in this trade.

### A. Applicant Name

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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### B. Supervisor or Self-Employment Contact Information

Enter the contact information for the Supervisor at your previous employer who is unavailable to complete an Employer Declaration, or for your own business if you are self-employed.

Name of Organization/Employer/Business:	Supervisor Name:	Supervisor's Position/Title:
Suite Number:	Street Number and Name:	
City:	Province:	Postal Code:
Telephone Number: (    )	Email Address:	Business Registration Number: (Self-Employment only)

### C. Employment or Self-Employment Information of Applicant

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

Dates of 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. Reason for Statutory Declaration

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

- Applicant was self-employed
  Employer will not complete Employer Declaration  
 Employer is no longer in business
  Employment records are not available

Applicants must attempt to contact current or previous employers to request an Employer Declaration. 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.

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### E. Statutory Declaration of Job Task Performance

By checking “Yes” or “No” in the Declaration Response column, indicate whether or not you have performed the job tasks listed below. Cross out any job tasks you did not perform during the period indicated in Section C.

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"/>

Enter the applicant name (repeat on every page of this form).

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



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**F. 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, you must prove you have the required prerequisite credentials. Prerequisite credentials for this trade are listed below.*

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

- |                          |  |                          |                              |
|--------------------------|--|--------------------------|------------------------------|
| <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 |

**G. 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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*Enter the applicant name (repeat on every page of this form).*

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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### H. References

*References must accompany all Statutory Declarations. Include with your completed Statutory Declaration the names and contact information of three individuals who can verify your self-declared work experience in this trade. This may include suppliers (maximum one), former employees (maximum one), contractors, or regular, long-term clients (maximum one).*

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

#### 1. Reference

Legal Last Name of Reference:	Legal First Name of Reference:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

#### 2. Reference

Legal Last Name of Reference:	Legal First Name of Reference:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

#### 3. Reference

Legal Last Name of Reference:	Legal First Name of Reference:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

*Enter the applicant name (repeat on every page of this form).*

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