





# METAL FABRICATOR (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

### C. 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: (check all that apply)	
<input type="checkbox"/> English <input type="checkbox"/> Other (please specify): _____	

### D. Supervisor Declaration of Job Task Performance of Applicant

By checking "Yes" or "No" in the Declaration Response column, indicate whether you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed.

Job Tasks (10)	Declaration Response
<b>PERFORM SAFETY-RELATED FUNCTIONS</b> Maintain a safe work environment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>USE TOOLS AND EQUIPMENT</b> Use hand, power, layout and measuring tools and equipment; use stationery machinery; use thermal cutting and welding equipment; use access equipment; use computer numerical controlled (CNC) equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>INTERPRET PLANS, DRAWINGS AND SPECIFICATIONS</b> Interpret blueprints and structural steel drawings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>PERFORM QUALITY CONTROL</b> Perform inspection; verify structural measurements, welds and layout; track structural materials, consumables and parts for traceability; apply principles of metallurgy; control distortion	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>HANDLE MATERIALS</b> Organize specialty materials and products; calculate mass for structural steel; apply rigging practices; operate material handling equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>PERFORM TRADE MATH AND LAYOUT</b> Perform line development; calculate bending allowances and stretch outs; calculate diagonals, volume, mass and capacity	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>FORM MATERIALS</b> Form material using plate rolls, shape rolls, brake press and computer numerical controlled (CNC) brake press; fabricate plate	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>FABRICATE COMPONENTS</b> Construct sub-components, and templates and jigs; determine proper sequence for assembly and welding; assemble sub-components and components; set fabricated component in place; fabricate structural components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Enter the supervisor and applicant names (repeat on every page of this form)

Supervisor First and Last Name:	Applicant First and Last Name:
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Job Tasks (10)	Declaration Response
<b>PERFORM WELDING ACTIVITIES</b> Apply weld symbols; use welding processes	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>COMPLETE PROJECT</b> Determine finishing process; prepare material for finishing	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

### E. 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 (repeat on every page of this form)

Supervisor First and Last Name:	Applicant First and Last Name:
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