



**PLUMBER
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 (71)	Declaration Response
PERFORM SAFETY-RELATED FUNCTIONS Maintains safe work environment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use personal protective equipment (PPE) and safety equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform lock-out and tag-out procedures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Practice fire prevention	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USE TOOLS AND EQUIPMENT Use common tools and equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use access equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use rigging, hoisting, lifting and positioning equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Rig loads for cranes	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use soldering and brazing equipment	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 (71)	Declaration Response
Use oxy-fuel cutting equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use welding equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use technical instruments and testers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PERFORM ROUTINE TRADE ACTIVITIES	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use mathematics and science	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Interpret drawings and specifications	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use codes, regulations and standards	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use manufacturer's documentation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform piping system layout	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PREPARE PIPING AND COMPONENTS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Prepare pipe	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Join tube, tubing and pipe	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install pipe and fittings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install valves	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Penetrate structures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL PLUMBING FIXTURES AND APPLIANCES	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install fixtures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install appliances	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks (71)	Declaration Response
Commission fixtures and appliances	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service fixtures and appliances	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USE COMMUNICATION TECHNIQUES Use communication techniques and mentoring techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL SEWERS AND SEWAGE TREATMENT SYSTEMS Install piping for sewers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install manholes and catch basins	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Test and service manholes, catch basins and piping for sewers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install sewage treatment system components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Test and service sewage treatment system components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL DRAINAGE, WASTE AND VENT (DWV) SYSTEMS Install sanitary drainage systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install storm drainage systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Test and service sanitary and storm drainage systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL WATER SERVICES AND DISTRIBUTION SYSTEMS Install water services	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install potable water distribution systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Test and service water service piping and distribution systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Commission water service and distribution systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks (71)	Declaration Response
INSTALL CROSS CONNECTION CONTROL DEVICES AND ASSEMBLIES Install and test cross connection control devices and assemblies	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service cross connection controls and assemblies	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL PRESSURE SYSTEMS Install piping for pressure systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install equipment for pressure systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Test and service pressure systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Commission pressure systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL HYDRONIC SYSTEMS Interpret heating and cooling systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install piping and components for hydronic systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install hydronic heating and cooling systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install hydronic transfer units	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install hydronic system controls	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Test and service hydronic systems, components and controls	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Commission hydronic systems, components and controls	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL WATER TREATMENT EQUIPMENT Install and service water treatment equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Test and commission water treatment equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks (71)	Declaration Response
INSTALL SPECIALIZED SYSTEMS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install piping for specialized systems	No: <input type="checkbox"/>
Install equipment and components for specialized systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Test and service specialized systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Commission specialized systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
APPLY ELECTRICAL CONCEPTS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use the principles of electricity, use electrical wiring diagrams and schematics; interpret the Canadian Electrical Code (CEC)	No: <input type="checkbox"/>
Apply single phase motor theory	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply three phase motor theory	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply wiring practices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PLAN GAS FIRED APPLIANCE SYSTEM INSTALLATIONS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Size piping and tubing systems	No: <input type="checkbox"/>
Select regulators, valves and valve train components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Select gas-fired appliances	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Select flame safe guards	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Select burners	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL GAS FIRED SYSTEMS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install piping and tubing systems	No: <input type="checkbox"/>
Install regulators, valves and valve trains	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks (71)	Declaration Response
Install air supply systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Commission fuel/air delivery systems	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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