



PLUMBER
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

This form is used to declare work experience for periods during which you were self-employed or a previous employer will not complete an Employer Declaration.

Note: *Unless your work experience was gained through self-employment, applications must be accompanied by at least one Employer Declaration. For more information, see Instructions for Certification Challenge or Supervision and Sign-off Authority.*

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

- worked a minimum of **9,450 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D

Holders of a **Certificate of Qualification (CofQ)** in **Steamfitter/Pipefitter** or **Sprinkler Fitter** will be eligible to challenge this certification by documenting **4,950 hours** of directly related work experience.

Holders of a **military certificate** in **Plumbing and Heating Technician MT #304 / MT #646, QL5 or higher** will be eligible to challenge this certification.

A. Applicant Name

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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B. Self-Employment or Employment Information of Applicant

Enter the contact information for your own business if you are self-employed or your previous employer who will not complete an Employer Declaration.

Name of Organization/Employer/Business:		Business Registration Number: (Self-Employment only)	
Mailing Address:			City:
Province/ State:	Country:	Postal Code/ Zip Code:	
Business Phone Number: ()	Email Address:	Website:	

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

Dates of Employment (MM/DD/YYYY):		Total Number Hours of Plumber Experience Accumulated in that Period:
From:	To:	
Job Title of Applicant:		



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C. Reason for Statutory Declaration

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

- Applicant was self-employed Employer will/can not complete Employer Declaration

Applicants **must** attempt to contact current or previous employers to request an Employer Declaration filled out and signed.

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.

D. Statutory Declaration of Job Task Performance

By checking “Yes” or “No” in the Declaration Response column, indicate whether you have performed the job tasks listed below during the period indicated in Section B.

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"/>

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Job Tasks (71)	Declaration Response
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"/>
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"/>

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Job Tasks (71)	Declaration Response
Install appliances	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
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"/>

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Job Tasks (71)	Declaration Response
Commission water service and distribution systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL CROSS CONNECTION CONTROL DEVICES AND ASSEMBLIES	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
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	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
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	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
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	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install and service water treatment equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks (71)	Declaration Response
Test and commission water treatment equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL SPECIALIZED SYSTEMS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install piping for specialized systems	Yes: <input type="checkbox"/> 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)	Yes: <input type="checkbox"/> 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	Yes: <input type="checkbox"/> 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	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks (71)	Declaration Response
Install regulators, valves and valve trains	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
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. 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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F. References

Minimum of Three References must accompany **each Statutory Declaration form**. Include names and contact information of minimum three individuals who can attest to your hours and/or scope of trade. References listed must be related to the organization and period of employment listed in Section B of this form.

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

1. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

2. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

3. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

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