





**POWERLINE TECHNICIAN  
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 (11)	Declaration Response
<b>SAFETY AND SAFE WORK PRATICES</b> Apply safety regulations; Use trade specific personal protective equipment (PPE); Apply limits of approach; Apply lock-out and tag-out procedures; Apply grounding and equi-potential bonding principles; Perform rescue.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>CLIMBING</b> Climb structures; Use elevated platforms and ladders; Test for pole (structure) stability.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>POLICIES AND REGULATIONS</b> Identify environmental hazards; Apply industrial safety regulations.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>TOOLS AND INSTRUMENTS</b> Use hand tools; Use power tools; Use live line tools; Use test instruments	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>ELECTRICAL</b> Install self-contained metering; Install transformer metering; Perform system switching; Operate voltage regulators and capacitors.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>EQUIPMENT</b> Identify mobile line equipment; Use hydraulically-equipped vehicles; Use stringing equipment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>RIGGING</b> Use lifting, rigging and hoisting equipment; Apply rigging tools and equipment for live line distribution; Use rigging tools and equipment in transmission, construction, and maintenance; Perform live line transmission rigging.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>OVERHEAD DISTRIBUTION (OD)</b> Construct distribution lines; Demonstrate safe work practices for live line work; Maintain single-phase distribution lines; Maintain three-phase distribution lines; Operate overhead distribution (OD) electrical apparatus; Troubleshoot overhead distribution system 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 (11)	Declaration Response
<b>UNDERGROUND DISTRIBUTION (UD)</b> Use underground distribution (UD) equipment and materials; Construct underground distribution systems; Maintain underground distribution systems; Operate underground distribution electrical apparatus; Troubleshoot underground distribution system components.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>TRANSMISSION</b> Construct transmission lines; Maintain Transmission lines; Operate transmission electrical apparatus; Troubleshoot overhead transmission system components.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>COMMUNICATION</b> Communicate using hand signals; Communicate using electronic devices and 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)

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

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