



POWERLINE TECHNICIAN
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.

To qualify to challenge certification in this trade, individuals must have:

- worked a minimum of **10,080 hours** performing the tasks listed in Section D, this must include a minimum of **500 hours** with a crew doing “live line” work (**work performed with a live line permit in place**), and
- experience performing at least **70%** of the job tasks listed in Section D

Note: At a minimum, a crew consists of two qualified electrical journeypersons and one qualified electrical worker, which could be an apprentice.

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): From: To:	Total Number Hours of Powerline Technician Experience Accumulated in that Period:
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 to be 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 (11)	Declaration Response
SAFETY AND SAFE WORK PRATICES 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"/>
CLIMBING Climb structures; Use elevated platforms and ladders; Test for pole (structure) stability.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
POLICIES AND REGULATIONS Identify environmental hazards; Apply industrial safety regulations.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
TOOLS AND INSTRUMENTS Use hand tools; Use power tools; Use live line tools; Use test instruments	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
ELECTRICAL Install self-contained metering; Install transformer metering; Perform system switching; Operate voltage regulators and capacitors.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
EQUIPMENT Identify mobile line equipment; Use hydraulically-equipped vehicles; Use stringing equipment.	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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Job Tasks (11)	Declaration Response
RIGGING 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"/>
OVERHEAD DISTRIBUTION (OD) 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"/>
UNDERGROUND DISTRIBUTION (UD) 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"/>
TRANSMISSION Construct transmission lines; Maintain Transmission lines; Operate transmission electrical apparatus; Troubleshoot overhead transmission system components.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
COMMUNICATION Communicate using hand signals; Communicate using electronic devices and 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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Enter the applicant name (repeat on every page of this form)

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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:	

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

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