





# REFRIGERATION AND AIR CONDITIONING MECHANIC

## 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 (57)	Declaration Response
<b>PERFORM SAFETY RELATED FUNCTIONS</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
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"/>
<b>USE TOOLS AND EQUIPMENT</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use hand tools and equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use portable and stationary power tools	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use soldering and brazing equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use charging, evacuation and recovery tools	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use diagnostic and measuring tools and 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 (57)	Declaration Response
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"/>
Use digital technology	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>PERFORM ROUTINE TRADE ACTIVITIES</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply 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"/>
Organize work and maintain records	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Select refrigerants, compressed gases and oils	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply sealants and adhesives	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Select HVAC/R components and accessories	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Select fasteners, brackets and hangers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install valves	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>USE COMMUNICATION TECHNIQUES</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use communication and mentoring techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>APPLY ELECTRICAL CONCEPTS</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use the principles of electricity and electronics; Use electrical wiring diagrams and schematics; Apply motor and motor control theory; Select control systems; Apply wiring practices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks (57)	Declaration Response
<b>APPLY REFRIGERATION AND AIR CONDITIONING THEORY</b> Analyze heat pumps and air conditioning systems; Analyze refrigeration systems; Apply food storage theory; Analyze hydronic systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>PLAN REFRIGERATION AND AIR CONDITIONING INSTALLATIONS</b> Perform work site preparation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Plan HVAC/R system installation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>INSTALL REFRIGERATION AND AIR CONDITIONING SYSTEMS</b> Install HVAC/R piping and tubing	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install HVAC/R systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install control systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>APPLY GAS UTILIZATION THEORY</b> Apply combustion theory, draft theory, alternate fuel theory; Apply knowledge of mechanical safety devices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>INSTALL GAS-FIRED SYSTEMS</b> Identify burners and flame safeguards	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install gas piping and tubing systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install gas regulators, valves and valve train components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install gas controls	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install air supply systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install gas venting systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install draft control systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install gas-fired appliances and ancillary equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks (57)	Declaration Response
Install LPG, LNG, CNG, vaporizing and mixing systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Plan gas-fired appliance system installation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>COMMISSION SYSTEMS</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Commission HVAC/R systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Commission control systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Commission fuel/air delivery systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Commission gas-fired appliances and ancillary equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform combustion analysis	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Commission draft control systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Training and handover of gas-fired equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Decommission and disconnect appliances and equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>SERVICE REFRIGERATION AND AIR CONDITIONING SYSTEMS</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintain and service HVAC/R systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintain and service control systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>SERVICE GAS-FIRED APPLIANCES AND EQUIPMENT</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service gas distribution systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service gas burners and ancillary equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintain gas-fired appliances, boilers and ancillary equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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

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Job Tasks (57)	Declaration Response
Service and repair fuel/air delivery systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service and repair gas control systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintain gas-fired refrigeration equipment	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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