





# REFRIGERATION AND AIR CONDITIONING MECHANIC

## 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

### 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.

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### 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 (57)	Declaration Response
<b>PERFORM SAFETY RELATED FUNCTIONS</b> 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> 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"/>

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Job Tasks (57)	Declaration Response
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"/>
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"/>

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Job Tasks (57)	Declaration Response
<b>USE COMMUNICATION TECHNIQUES</b> Use communication and mentoring techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>APPLY ELECTRICAL CONCEPTS</b> 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"/>
<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"/>

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Job Tasks (57)	Declaration Response
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"/>
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"/>

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Job Tasks (57)	Declaration Response
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"/>
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. 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:	
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