



# RESIDENTIAL BUILDING MAINTENANCE WORKER

## 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

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 **6,750 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D

This form is used to declare work experience for periods of employment. The information provided is used to verify the applicant's work experience in this trade. This form must be completed by a **direct supervisor of the applicant**, who will be contacted by the Industry Training Organization (ITO) responsible for this trade, or ITA.

**Note:** An Employer Declaration of Work Experience form must be completed by each Employer listed on the applicant's completed Application form. A Statutory Declaration of Work Experience form must be completed for periods during which the applicant was self-employed or a previous employer is unavailable to complete an Employer Declaration. For more information, see **Instructions for Certification Challenge or Supervision and Sign-Off Authority**.

### A. Applicant Name

Enter the name of the individual for whom this form is being completed.

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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### B. Supervisor Contact Information

Enter the name and contact information for the person who directly supervised the applicant at this employer. Ensure the information given is current as the application will be denied if this person cannot be contacted by ITA.

Name of Organization/Employer/Business:		
First and Last Name of Applicant's Direct Supervisor:		Supervisor Position or Title:
Suite Number:	Street Number and Name:	
City:	Province:	Postal Code:
Business Number: ( )	Mobile Phone Number: ( )	Supervisor E-Mail Address:

### C. Employment Information of Applicant

Dates of Applicant's Employment (MM/DD/YYYY): From: To:	Total Number Hours of <b>Residential Building Maintenance Worker</b> Experience Accumulated in that Period:
Job Title of Applicant:	



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### D. Supervisor Declaration of Job Task Performance

By checking “Yes” or “No” in the Declaration Response column, indicate whether or not you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed. Cross out any job tasks you did not see the applicant perform.

Job Tasks	Declaration Response
<b>Describe Building Maintenance Work</b> Includes: Describe Types of Buildings, Building Maintenance Industry/Work and Uses Basic Trade Terminology	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Use Safe Work Practices</b> Includes: Obtaining Level 1 First Aid Certification, Transport Endorsement and WHMIS Certification, Identifying WCB Safety Regulations, Practices Fire Safety, Uses and Maintains Personal Safety Equipment, Uses and Maintains Ladders, Scaffolding & Platforms, Safely Enter Confined Spaces and Use Air Packs and Identifies Lock Out Procedures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Perform Trades Math &amp; Financial Calculations</b> Includes: Performs Conversions to and from Metric and Imperial, Arithmetic Functions with Whole Numbers & Fractions, Basic Plane (2D) Geometry, Estimating Calculations for Materials & Services, Budget Calculations and Prepares Basic Budget Spreadsheets	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Use &amp; Maintain Tools</b> Includes: Uses and Maintains Hand Tools, Power Tools, Shop Tools, Uses Measuring & Testing Devices, Disassembles, Sharpens & Reassembles Cutting Tools and Obtains Powder Actuated Tool Certification, Uses Lifting and Hoisting Equipment, uses a personal computer.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Describe Building Structure and Design</b> Includes: Applying Federal, Provincial & Local Codes & Bylaws, Interprets Blueprints, Identifies Residential Concrete Technology, Structural Elements in Wood Frame Construction, Fire and Life Safety Systems and Prepares Basic Shop Drawings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Prevent and Remediate Mould Issues</b> Includes: Able to Describe Types and Causes of Mould, Recognize and Prevent Mould Issues and Remediate Mould Issues	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Perform Carpentry Repairs and Maintenance</b> Includes: Identifies Carpentry Materials, Repairs & Maintain Stairs, Landings, Handrails & Decks, Repairs Cabinets, Countertops & Shelving, Repairs, Maintains & Replace Hardware, Repairs Concrete, Identifies & Repairs Structural Problems, Repair, Maintains & Replace Windows and Doors, Repairs & Maintains Baseboards, Moldings and Casings, Identifies and Locate Cladding Problems, Identifies Infestation Problems, and Assesses Need for a Journeyman and/or Licensed Contractor	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Enter the Supervisor and Applicant names from Page 1 on every page of this form

Supervisor First and Last Name:	Applicant First and Last Name:
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Job Tasks	Declaration Response
<p><b>Repair Drywall</b></p> <p>Includes: Identifies Drywall Materials, Patches Holes in Gyproc, Plaster and Lath, Tapes, Muds and Installs Beads, Sands &amp; Finishes Gyproc, Repairs Insulation and Vapour Barriers, and Assesses need for a Journeyman and/or Licensed Contractor</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p><b>Apply Public Relations Skills</b></p> <p>Includes: Demonstrates Interpersonal Skills, Maintains Effective Home Owner and Tenant Relations, Conducts Home Owner and Tenant Orientations and Training, Liaises with Regulatory Officials and Inspectors</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p><b>Repair and Maintain Plumbing</b></p> <p>Includes: Identifying Plumbing Materials, Repairs &amp; Maintains Plumbing Fixture Components Implements Replacement of Piping &amp; Hot Water Tanks, Identify and Locates Plumbing Problems, Assesses Need for a Journeyman and/or Licensed Contractor</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p><b>Repair and Maintain Roofing</b></p> <p>Includes: Identifies Roofing Materials, Repairs, Maintain &amp; Replace Gutters &amp; Downspouts, Shakes and Shingles, Panel Roofing Systems, Venting Systems and Apply Roof Patching Materials. Repairs &amp; Replace Flashings, Repairs Roof Decks &amp; Sheathing, Identifies Roofing &amp; Weatherproofing Problems and Assesses Need for Journeyman and/or Licensed Contractor</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p><b>Repair and Maintain Flooring</b></p> <p>Includes: Identifying Flooring Materials, Prepares Substrate for Flooring (Lino, Tile &amp; Carpet), Repair &amp; Replace Ceramic Tile, Repair, Maintain &amp; Replace Underlay, Carpets, Rolled Goods and Tile, Maintains Hardwood Flooring, Identifies and Locate Flooring Problems, Repair and Lay Vinyl Flooring, Assesses Need for Journeyman and/or Licensed Contractor</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p><b>Repair and Maintain Heating and Ventilation Systems</b></p> <p>Includes: Identifying Heating System Materials, Replace Thermostats, Replaces Baseboard Heater Thermostats, Inspects and Maintains Chimneys, Inspects and Replaces Furnace Belts, Fans &amp; Filters, Describes Heat Recovery Ventilation Systems, Describes Basic Refrigeration and Boiler Theory, Identify and Locate Heating Problems, Identifies, Test for Ventilation Problems, Performs minor repairs and implement maintenance of furnaces, Assesses Need for a Journeyman and/or Licensed Contractor</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p><b>Perform RBMW Administrative Duties</b></p> <p>Includes: Maintaining Records, Completing Forms and Permits, Procure Materials, Scheduling Work, Including Sub-Contractor, Estimating Costs, Including Sub-Contractor Prices, Performing Maintenance Planning, Assesses the Retrofitting of Buildings for Accessibility</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p><b>Describe Basic Building Sciences</b></p> <p>Includes: Describing the Forces Acting on a Building, Describing the Heat and Sound Transfer Principles, Describing Air and Moisture Movement in a Building</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>

*Enter the Supervisor and Applicant names from Page 1 on every page of this form*

Supervisor First and Last Name:	Applicant First and Last Name:
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Job Tasks	Declaration Response
<b>Repair and Maintain Electrical</b> Includes: Identifying Electrical Materials, Replace and Relocate Existing Receptacles & Switches, Testing for Household Appliance Problems, Testing for Electrical Problems, Assesses Need for a Journeyperson and/or Licensed Contractor	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Apply Paint and Wall Coverings</b> Includes: Identifying Painting Materials, Preparing Surfaces for Paint & Stain, Prime, Paint & Stain Surfaces, Applying Wall Coverings, Assesses Need for a Journeyperson and/or Licensed Contractor	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

### E. Confirmation of Prerequisite Credentials or Certificates

For some trades, evidence that the applicant has earned prerequisite credentials or certificates is required before the individual is permitted to challenge certification or receive Supervision and Sign-Off Authority. For those trades, a current or previous employer must verify that the applicant has the required prerequisite credentials.

There are no prerequisite credentials or certificates for this trade.

### F. 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 from Page 1 on every page of this form

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