



SHIPYARD LABOURER CHALLENGE CHECKLIST

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

Prepare to Challenge the Assessment

- Decide if you have the skills** needed to challenge the assessment:
 - o Complete the *Self-Assessment*
 - o Review the *Occupational Performance Standards*
 - o Review the *Assessment Information*

Gather Your Evidence

- Complete** the challenge application form
 - o Complete all sections of the form and sign
- Gather all portfolio evidence**, including:
 - o WHMIS Certificate/Card or WHMIS Employee Training Records
 - o Portfolio of Evidence Checklist (page 7)
 - o Self-Assessment (page 2)
 - o Work Experience Information (must include one of the following for each employer listed):
 - Reference Letter (must include dates/hours worked and job duties)
 - Employer (Third-Party) Declaration
 - Statutory Declaration (self-employment requires 3 references)
 - Record of employment / Payroll records
 - o include all the documents, letters and other evidence you need to support your application

Submit Your Application

- Submit** to ITA:
 - o **completed challenge application and evidence**
 - o **include payment of \$120.00 payable to Industry Training Authority**
- Email**
customerservice@itabc.ca
- Mailing Address**
Industry Training Authority (ITA)
8th Floor – 8100 Granville Avenue
Richmond B.C. V6Y 3T6



SHIPYARD LABOURER CHALLENGE SELF ASSESSMENT

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Instructions

Please complete the following Self-Assessment to determine whether or not you have the necessary experience to challenge the Shipyard Labourer certification. The assessment process for Shipyard Labourer will cover all of these areas.

Applicant Name (Print):	Applicant Signature:	Date: (MM/DD/YYYY)
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	Frequently	Occasionally	Never
Understand, apply and follow marine industry rules and regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apply and follow workplace safety policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apply spill prevention and cleanup procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use and maintain tools and equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean yard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deliver materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steam clean and pressure wash in designated area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist in docking and undocking vessels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Setup for specified work on a vessel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Setup a confined space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare surfaces on a vessel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform fire watch duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform confined space sentry (hole watch) duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



APPLICATION

CERTIFICATION CHALLENGE

SHIPYARD LABOURER–ASSESSMENT INFORMATION

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Assessment Information

The assessment process for Shipyard Labourer includes four components:

- a **review of your portfolio** of evidence – this includes verifying all work experience and your mandatory certifications
- a **written test** – approximately 1 hour to complete
- a **technical interview** (professional discussion) – approximately 1 hour to complete
- a **practical assessment** – approximately 1 hour to complete

For more detail on the topics covered in each of the units of competency, please consult the ITA website – www.itabc.ca and consult the Occupational Performance Standards for Shipyard Labourer.

Unit Title	Assessment Method			
	Prerequisite / Portfolio	Written Test	Technical Conversation	Practical Assessment
Demonstrate knowledge of the marine industry	✓	✓	✓	
Apply safe work practices	✓	✓	✓	
Apply spill prevention and cleanup procedures		✓	✓	
Use and maintain tools and equipment	✓	✓	✓	✓
Clean yard	✓	✓	✓	✓
Deliver materials	✓	✓	✓	✓
Steam clean or power wash in a designated area	✓	✓	✓	✓
Assist in docking and undocking vessels	✓	✓	✓	✓
Setup for specified work	✓	✓	✓	✓
Setup confined spaces	✓	✓	✓	✓
Prepare vessel surfaces	✓	✓	✓	✓
Perform fire watch duties	✓	✓	✓	✓
Perform confined space sentry (hole watch) duties	✓	✓	✓	✓



APPLICATION

CERTIFICATION CHALLENGE

SHIPYARD LABOURER

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Note: Incomplete applications will not be processed and will be returned to you.

A. Personal Information

Mandatory fields marked with an asterisk (). All communication from ITA will be sent to the email address provided.*

ITA Individual ID #: (leave blank for new registration)	*Program (Trade):	
*Legal First Name:	Legal Middle Name(s):	*Legal Last Name:
*Date of Birth (MM/DD/YYYY):	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-disclosed	
*Mailing Address:		*City:
*Province/State:	*Country:	*Postal Code:
*Phone Number: ()	Secondary Phone Number: ()	*Email Address:
Do you identify yourself as an aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please check one: First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/>	
*Have you ever been employed / contracted by ITA? <input type="checkbox"/> Yes <input type="checkbox"/> No		

B. WHMIS Prerequisite Information

WHMIS is a mandatory prerequisite for Shipyard Labourer certification. You must include a photocopy of your WHMIS certificate or WHMIS employee training records as well as the following information for verification.

Date Completed (MM/DD/YYYY):	Issuing Authority:
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C. Assessment Details

Is this a re-assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date of last assessment (MM/DD/YYYY):	Please indicate the earliest date you are available to complete this assessment (MM/DD/YYYY):
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APPLICATION CERTIFICATION CHALLENGE SHIPYARD LABOURER

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D. Employment Summary Information

To qualify to challenge an ITA Certificate as a Shipyard Labourer you must provide documented proof of having worked a minimum of 4,000 hours of directly related work experience in the scope of Shipyard Labourer skills.

Your employer(s) must verify your total hours of work experience before you are eligible to take an assessment. You can provide proof of your work experience by using original employment letters, records of employment, payroll records, or other evidence in your portfolio.

Name of Organization/Employer(s)	Dates of Employment		Hours Worked
	From: (MM/DD/YYYY)	To: (MM/DD/YYYY)	
	From: (MM/DD/YYYY)	To: (MM/DD/YYYY)	
	From: (MM/DD/YYYY)	To: (MM/DD/YYYY)	
	From: (MM/DD/YYYY)	To: (MM/DD/YYYY)	
	From: (MM/DD/YYYY)	To: (MM/DD/YYYY)	
	From: (MM/DD/YYYY)	To: (MM/DD/YYYY)	
	From: (MM/DD/YYYY)	To: (MM/DD/YYYY)	

E. Application Fees

The fee to challenge the ITA Certificate Shipyard Labourer is \$120.00; made payable to Industry Training Authority (ITA), for processing your documentation of required work experience and scope of occupation.

Once your application to challenge has been approved you will need to contact Camosun Coastal Center (CCC) to arrange your assessment. CCC will then schedule sessions for approved challengers to complete the assessment process.

CCC's contact details are:

Telephone: 778-265-5005
e-mail: traorem@camosun.ca

*If approval is granted, **YOUR ASSESSMENT MUST BE COMPLETED WITHIN 24 MONTHS FROM DATE OF APPROVAL. YOUR APPROVAL WILL EXPIRE AFTER 24 MONTHS** and you will have to re-apply as well as pay the current assessment fee.*

Note: *There may be requirements for upgrading prior to being re-assessed. Contact CCC if you have questions regarding re-assessment eligibility.*



APPLICATION

CERTIFICATION CHALLENGE

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F. Challenge Application Fee Payment

If you are applying to challenge certification, an application fee of \$120.00 must be paid when your application is submitted. If a practical assessment is required to challenge certification in your occupation, additional fees may be charged; further information will be provided when your application is approved. There is no fee to apply for Supervision and Sign-Off Authority.

Payment of application fee made by:	<input type="checkbox"/> Credit card payment made online via the Payments & Fees page on the ITA Website Attach receipt or write Transaction number here: _____ <b style="text-align: right;">Please do not provide your credit card number
	<input type="checkbox"/> Cheque or money order (attached)
	<input type="checkbox"/> Cash, credit or debit card, paid in person at ITA when application is submitted

Privacy Statement

The Industry Training Authority is committed to protecting the privacy of any personal information you may provide when filing an application form with us. The Industry Training Authority will not use or share any personal information provided by the applicants except with the consent of the individual to whom the information relates or as otherwise authorized by the Freedom of Information and Protection of Privacy Act.

Certification and authorization for collection, use and disclosure of personal information

"I certify that the information I have provided is accurate and I understand and agree that ITA reserves the right to verify the accuracy of such information. I agree to allow ITA, in accordance with the BC Freedom of Information and Protection of Privacy Act, to use and provide the personal information I have provided on this form, as well as any other information necessary, to others including school districts or other educational institutions as it might be required, for the purpose of administering the apprenticeship training program I am seeking to challenge or receive Supervision and Sign-Off Authority for, including the application process, program delivery, evaluation and certification. I authorize ITA to provide my personal information for the previously stated purpose to apprenticeship officials in other jurisdictions, my present and future sponsors, educational institutions, private trainers and to other agencies, regulatory authorities and ministries of municipal, provincial and federal governments where the information is necessary for them to fulfill their legal responsibilities and/or manage apprenticeship-related programs. I also authorize ITA to make the status of my certification and apprenticeship publicly available."

Attestation

"I attest that the information I have provided is complete and accurate; and I authorize ITA to verify its accuracy. I acknowledge that I read and understood that if I knowingly provide ITA with untrue information and/or false documents, ITA may refer the matter to legal authorities. Furthermore, I understand and agree that if I provide untrue information and/or false documents to ITA or fail to provide information requested by them, then ITA may, at its sole discretion, take actions including but not limited to denying me assessment and/or revoking credit or certification they have granted to me."

Applicant Name (Print):	Applicant Signature:	Date: (MM/DD/YYYY)
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For Office Use Only

Date CCC Received:	Payment Processed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Individual ID Assigned: <input type="checkbox"/> Yes <input type="checkbox"/> No Number:	Date sent to ITA:
Date Screened:	Documentation: <input type="checkbox"/> Application Form <input type="checkbox"/> WHMIS <input type="checkbox"/> Portfolio Checklist Work Experience Information: <input type="checkbox"/> Employer Letter(s) <input type="checkbox"/> Third Party Report(s) <input type="checkbox"/> Statutory Declaration(s) <input type="checkbox"/> Other	Application Status: <input type="checkbox"/> Complete – Assigned to assessor <input type="checkbox"/> Incomplete – Follow up needed	Missing Information: Date Missing Information Rec'd
Date Assigned to Assessor:	Assessor Name:	Location:	Approval Status: <input type="checkbox"/> Approved for challenge <input type="checkbox"/> Not approved for challenge



SHIPYARD LABOURER PORTFOLIO OF EVIDENCE CHECKLIST

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Applicant Name (Print):	Applicant Signature:	Date: (MM/DD/YYYY)
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INSTRUCTIONS:

Use this form to assist you when preparing your portfolio of evidence. You will need to submit this with your application.

CATEGORY	EVIDENCE PROVIDED	YES	NO	NOTES
Prerequisites <i>(required)</i>	<input type="checkbox"/> WHMIS certificate	<input type="checkbox"/>	<input type="checkbox"/>	
Work experience <i>(required)</i>	<input type="checkbox"/> Minimum 4,000 hours of related work experience At least one of the following must be provided for each employer listed: <input type="checkbox"/> Third party reports <input type="checkbox"/> Reference letters (must include dates/hours worked and job duties performed) <input type="checkbox"/> Statutory declarations	<input type="checkbox"/>	<input type="checkbox"/>	
Training documents <i>(optional)</i>	The following certificates will further support your application: <input type="checkbox"/> Confined space training (marine industry) <input type="checkbox"/> Lockout procedures training <input type="checkbox"/> Fall protection training <input type="checkbox"/> Fire watch training <input type="checkbox"/> Respirators training (FIT test) <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	
Other <i>(optional)</i>	<input type="checkbox"/> Resume <input type="checkbox"/> Other related training records or certificates (fork lift, manlift, lead, asbestos. first aid level 1) <input type="checkbox"/> Licenses (driver's, boat) <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	



SHIPYARD LABOURER EMPLOYER DECLARATION OF WORK EXPERIENCE

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

- worked a minimum of 4,000 hours performing the tasks listed in Section D, and prerequisites in Section E
- experience performing **70%** of the job tasks listed found 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 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.

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):		Total Number Hours of Shipyard Labourer Experience Accumulated in that Period:
From:	To:	
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.

Job Task	Declaration Response	
	Yes	No
SYL 1 - Demonstrate knowledge of the marine industry Identified shipyard and vessel features Applied quality standards to daily work activities Communicated effectively with co-workers and supervisors	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SYL 2 - Apply safe work practices Applied safety training to daily work activities Applied preventive measures and responded to emergency situations as required Identified and minimized the risk of workplace hazards as required by WHMIS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SYL 3 - Apply spill prevention procedures Identified the location of spill kits Identified types of spill and assessed the risk associated with the spill Performed the correct spill response procedure	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SYL 4 - Use and maintain tools and equipment Identified tools and equipment for specific work Used cleaning and maintenance materials as required Used cleaning and maintenance materials as required	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SYL 5 - Clean yard Cleaned various areas of the shipyard as per work orders Collected, sorted, separated, stored and disposed materials and products Applied safety regulations for cleaning procedures	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SYL 6 - Deliver materials Read and interpreted work orders for delivery Followed safety loading and unloading practices Operated equipment and completed paperwork as required	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SYL 7 - Steam clean and pressure wash in designated area Used a steam cleaner Used a power washer Selected and used appropriate PPE, tools and equipment for the work to be performed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SYL 8 - Assist in docking and undocking vessels Set up for incoming or outgoing vessel Cleaned dock area Followed docking procedures as per safety regulations	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SYL 9 - Setup for specified work on a vessel Ensured that all permits indicated in the work order are in place Installed temporary services as per work order and workplace regulations Protected components to prevent any damage	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SYL 10 - Prepare surfaces on a vessel Identified job tasks requirements and special instructions for confined space Used appropriate PPE, tools and equipment required for setup Verified safe entry as per safety regulations Effectively applied confined space training	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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 Task	Declaration Response	
	Yes	No
SYL 11 - Prepare surfaces on a vessel Cleaned the surface area as per specifications Removed water and prepared surface area as per specifications Cleaned work area and disposed waste as per workplace procedures	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SYL 12 - Perform fire watch duties Effectively applied fire watch training practices Read and interpreted hot work permit information Monitored work area and ensured hot work is done in a safe manner Used communication and emergency notification devices as required	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SYL 13 - Perform confined space sentry (hole watch) duties Effectively applied confined space training practices Monitored work area to ensure conditions remained safe for all workers in the area Kept entry and exit hazard free	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

E. Confirmation of Prerequisite Credentials or Certificates

For some occupations, evidence that the applicant has earned prerequisite credentials or certificates is required before the individual is permitted to challenge certification. For those occupations, a current or previous employer must verify that the applicant has the required prerequisite credentials.

I have verified that the applicant has attained all the prerequisite credentials or certification required to be considered eligible to challenge this occupation.

- | | |
|---|---|
| <input type="checkbox"/> Prerequisite Workplace Hazardous Materials Information Systems (WHMIS) | <input type="checkbox"/> Copy of certificate/card attached
<input type="checkbox"/> Copy of employee training records attached |
|---|---|

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)

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:



SHIPYARD LABOURER STATUTORY DECLARATION OF WORK EXPERIENCE

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A Statutory Declaration of Work Experience is used to declare work experience for periods during which you were self-employed or a previous employer is unavailable to complete an Employer Declaration. Please note that unless your work experience hours were gained through self-employment, Certification Challenge applications will not be accepted if they are only accompanied by a Statutory Declaration. Non-self-employed applicants must provide an Employer Declaration from at least one employer who can verify work experience.

The information provided on this form is used to assess and to validate your work experience in this occupation.

A. Applicant Name

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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B. Supervisor or Self-Employment Contact Information

Enter the contact information for the Supervisor at your previous employer who is unavailable to complete an Employer Declaration, or for your own business if you are self-employed.

Name of Organization/Employer/Business:		Supervisor Name:	Supervisor's Position/Title:
Suite Number:	Street Number and Name:		
City:	Province:	Postal Code:	
Telephone Number: ()	Email Address:	Business Registration Number: (Self-Employment only)	

C. Employment or Self-Employment Information of Applicant

Enter the dates and number of hours for this period of employment or self-employment. Combine multiple periods of self-employment on one form, but separate periods of employment with different employers on separate forms.

Dates of Employment (MM/DD/YYYY): From: _____ To: _____	Total Number Hours of Shipyard Labourer Experience Accumulated in that Period:
Job Title of Applicant:	



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D. Reason for Statutory Declaration

Indicate why a Statutory Declaration is required for this period of employment:

- Applicant was self-employed
 Employer will not complete Employer Declaration
 Employer is no longer in business
 Employment records are not available

Applicants must attempt to contact current or previous employers to request an Employer Declaration. 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.

E. Skill Assessment

Job Task	Declaration Response	
	Yes	No
SYL 1 - Demonstrate knowledge of the marine industry		
Identified shipyard and vessel features	<input type="checkbox"/>	<input type="checkbox"/>
Applied quality standards to daily work activities	<input type="checkbox"/>	<input type="checkbox"/>
Communicated effectively with co-workers and supervisors	<input type="checkbox"/>	<input type="checkbox"/>
SYL 2 - Apply safe work practices		
Applied safety training to daily work activities	<input type="checkbox"/>	<input type="checkbox"/>
Applied preventive measures and responded to emergency situations as required	<input type="checkbox"/>	<input type="checkbox"/>
Identified and minimized the risk of workplace hazards as required by WHMIS	<input type="checkbox"/>	<input type="checkbox"/>
SYL 3 - Apply spill prevention procedures		
Identified the location of spill kits	<input type="checkbox"/>	<input type="checkbox"/>
Identified types of spill and assessed the risk associated with the spill	<input type="checkbox"/>	<input type="checkbox"/>
Performed the correct spill response procedure	<input type="checkbox"/>	<input type="checkbox"/>
SYL 4 - Use and maintain tools and equipment		
Identified tools and equipment for specific work	<input type="checkbox"/>	<input type="checkbox"/>
Used cleaning and maintenance materials as required	<input type="checkbox"/>	<input type="checkbox"/>
Used cleaning and maintenance materials as required	<input type="checkbox"/>	<input type="checkbox"/>
SYL 5 - Clean yard		
Cleaned various areas of the shipyard as per work orders	<input type="checkbox"/>	<input type="checkbox"/>
Collected, sorted, separated, stored and disposed materials and products	<input type="checkbox"/>	<input type="checkbox"/>
Applied safety regulations for cleaning procedures	<input type="checkbox"/>	<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 Task	Declaration Response	
	Yes	No
SYL 6 - Deliver materials Read and interpreted work orders for delivery Followed safety loading and unloading practices Operated equipment and completed paperwork as required	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SYL 7 - Steam clean and pressure wash in designated area Used a steam cleaner Used a power washer Selected and used appropriate PPE, tools and equipment for the work to be performed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SYL 8 - Assist in docking and undocking vessels Set up for incoming or outgoing vessel Cleaned dock area Followed docking procedures as per safety regulations	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SYL 9 - Setup for specified work on a vessel Ensured that all permits indicated in the work order are in place Installed temporary services as per work order and workplace regulations Protected components to prevent any damage	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SYL 10 - Prepare surfaces on a vessel Identified job tasks requirements and special instructions for confined space Used appropriate PPE, tools and equipment required for setup Verified safe entry as per safety regulations Effectively applied confined space training	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SYL 11 - Prepare surfaces on a vessel Cleaned the surface area as per specifications Removed water and prepared surface area as per specifications Cleaned work area and disposed waste as per workplace procedures	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SYL 12 - Perform fire watch duties Effectively applied fire watch training practices Read and interpreted hot work permit information Monitored work area and ensured hot work is done in a safe manner Used communication and emergency notification devices as required	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SYL 13 - Perform confined space sentry (hole watch) duties Effectively applied confined space training practices Monitored work area to ensure conditions remained safe for all workers in the area Kept entry and exit hazard free	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:



**SHIPYARD LABOURER
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

F. Confirmation of Prerequisite Credentials or Certificates

Evidence that the applicant has earned prerequisite credentials or certificates is required before the individual is permitted to challenge certification.

- Prerequisite Workplace Hazardous Materials Information Systems (WHMIS) Copy of certificate attached

G. 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).

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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H. References

References must accompany all Statutory Declarations. Include with your completed Statutory Declaration the names and contact information of three individuals who can verify your self-declared work experience in this trade. This may include suppliers (maximum one), former employees (maximum one), contractors, or regular, long-term clients (maximum one).

Each individual listed will be contacted by the ITA to verify the information provided on your application.

1. Reference

Legal Last Name of Reference:	Legal First Name of Reference:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

2. Reference

Legal Last Name of Reference:	Legal First Name of Reference:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

3. Reference

Legal Last Name of Reference:	Legal First Name of Reference:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

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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