

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

This form is used to declare work experience for periods of employment and must be completed by a **direct supervisor of the applicant**, who will be contacted by ITA.

Note: An Employer Declaration of Work Experience form must be completed for each period of employment.

This form is not to be used for periods of self-employment. For more information, see Instructions for Certification Challenge or Supervision and Sign-Off Authority.

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 9,450 hours performing the tasks listed in Section D, and
- experience performing at least 70% of the job tasks listed in Section D

Holders of a **Certificate of Qualification with Inter-Provincial Red Seal Endorsement** in **Plumber** or **Sprinkler Fitter** will be eligible to challenge this certification by documenting **4,950 hours** of directly related work experience.

A. Applicant Name

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

Legal First Name:	Legal Middle Name(Legal Last Name:
B. Employment Info	ormation of Applicant	
Enter the business information	n for the applicant's period of empl	syment declared for this trade.
Name of Organization/Employer/l	Business:	
Mailing Address:		City:
Province/ State:	Country:	Postal Code/ Zip Code:
Business Phone Number: ()	Website:	
Enter the dates and number of	of hours for this period of employ	ment.
Dates of Applicant's Employment	(MM/DD/YYYY):	Total Number Hours of Steamfitter / Pipefitter Experience
From:	То:	Accumulated in that Period:
Job Title of Applicant:		



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C. Supervisor Contact Information

Enter the name and contact information for the person who directly supervised the applicant during this employment period. Ensure the

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 commur	icate: (check all that apply)		
☐ English ☐ O	her (please specify):		
D. Supervisor Declaration of Job	Task Performance of Applicant		
By checking "Yes" or "No" in the Declaration Responsers on ally witnessed the applicant performing the june.	nse column, indicate whether you, as the direct supervisor ob tasks listed.	of the applicant, have	е
Job Tasks (80)		Declarat Respon	
PERFORM SAFETY-RELATED FUNCTIONS Maintains safe work environment			
Use personal protective equipment (PPE)	and safety equipment		
Perform lock-out and tag-out procedures			
Practice fire prevention			
USE TOOLS AND EQUIPMENT Use common tools and equipment			
Use access equipment			
Use rigging, hoisting, lifting and positionin	g equipment		
Rig loads for cranes			
Use welding equipment			
Enter the supervisor and applicant names (repeat of	n every nage of this form)		
Supervisor First and Last Name:	Applicant First and Last Name:		



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Use soldering and brazing equipment		Yes:	
Use oxy-fuel equipment		Yes:	
Use technical instruments and testers		Yes:	
PERFORM ROUTINE TRADE ACTIVITIES		Yes:	
Use mathematics and science		No:	
Interpret drawings and specifications		Yes: No:	
Use codes, regulations and standards		Yes: No:	
Use manufacturer's documentation		Yes: No:	
PERFORM LAYOUT AND INSALLATION OF PIR	ING COMPONENTS	Yes:	
Install valves		No:	
Install fittings		Yes: No:	
Penetrate structures		Yes: No:	
Layout and install piping and tubing		Yes: No:	
Perform maintenance, troubleshooting, re	pairs and testing on valves	Yes: No:	
PERFORM FABRICATION		Yes:	
Fabricate brackets, supports, hangers, g	ides and anchors	No:	
Fabricate piping system components		Yes: No:	
USE COMMUNICATION TECHNIQUES		Yes:	
Use communication and mentoring techn	ques	No:	
INSTALL HEAT TRACING SYSTEMS		Yes:	
Install heat tracing systems		No:	
Enter the supervisor and applicant names (seres)	on avany page of this form		
Enter the supervisor and applicant names (repeat			
Supervisor First and Last Name:	Applicant First and Last Name:		



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Repair and test heat tracing systems	Yes: No:	
INSTALL HYDRONIC SYSTEMS	Yes:	
Interpret heating and cooling systems	No:	
Install equipment for hydronic systems	Yes: No:	
Install piping for hydronic systems	Yes: No:	
Test and repair hydronic systems	Yes: No:	
INSTALL STEAM SYSTEMS	Yes:	
Install equipment for steam systems	No:	
Install piping for steam and condensate systems	Yes: No:	
Test and repair steam and condensate systems	Yes: No:	
INSTALL INDUSTRIAL WATER AND WASTE SYSTEMS	Yes:	
Install equipment for industrial water and waste systems	No:	
Install piping for industrial water and waste systems	Yes: No:	
Test and repair industrial water and waste systems	Yes: No:	
APPLY ELECTRICAL CONCEPTS	.,	
Use the principles of electricity; use electrical wiring diagrams and schematics; interpret the Canadian Electrical Code (CEC)	Yes: No:	
Apply single phase motor theory	Yes: No:	
Apply three phase motor theory	Yes: No:	
Apply wiring practices	Yes: No:	
PLAN GAS FIRED APPLIANCE SYSTEM INSTALLATIONS	Yes:	
Size piping and tubing systems	No:	
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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Select regulators, valves and valve train compone	ents	Yes: No:	
Select gas-fired appliances		Yes: No:	
Select flame safe guards		Yes:	
Select burners		Yes:	
Plan a project		Yes: No:	
INSTALL FUEL SYSTEMS		Yes:	
Install equipment for fuel systems		No:	
Install piping and tubing for fuel systems		Yes: No:	
Install regulators, valves and valve train componer	nts	Yes: No:	
Install air supply systems		Yes: No:	
Test and repair fuel systems		Yes: No:	
Commission fuel/air delivery systems		Yes: No:	
INSTALL MEDICAL GAS SYSTEMS		Yes:	
Install equipment for medical gas systems		No:	
Install piping and tubing for medical gas systems		Yes: No:	
Test and repair medical gas systems		Yes: No:	
INSTALL PROCESS PIPING SYSTEMS		Yes:	
Install equipment for process piping systems		No:	
Install piping for process piping systems		Yes: No:	
Enter the supervisor and applicant names (repeat on every Supervisor First and Last Name:	page of this form) Applicant First and Last Name:		



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Test and repair process piping systems	Yes: No:	
INSTALL HYDRAULIC SYSTEMS	Yes:	
Install equipment for hydraulic systems	No:	
Install piping, tubing and hoses for hydraulic systems	Yes: No:	
Test and repair hydraulic systems	Yes: No:	
INSTALL COMPRESED AIR AND PNEUMATIC SYSTEMS	Yes:	
Install equipment for compressed air and pneumatic systems	No:	
Install piping and tubing for compressed air and pneumatic systems	Yes: No:	
Test and repair compressed air and pneumatic systems	Yes: No:	
INSTALL HEAT RECOVERY SYSTEMS	Yes:	
Install equipment for heat recovery systems	No:	
Install piping for heat recovery systems	Yes: No:	
Test and repair heat recovery systems	Yes: No:	
INSTALL HEATING, VENTILATION, AIR CONDITIONING AND REFRIGERATION SYSTEMS (HVACR)	Yes:	
Install equipment for HVACR systems	No:	
Install piping for HVACR systems	Yes: No:	
Test and repair HVACR systems	Yes: No:	
INSTALL SPECIALITY SYSTEMS	Yes:	
Install equipment for specialty systems	No:	
Install piping for specialty systems	Yes: No:	
Test and repair specialty systems	Yes: No:	
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PERFORM COMMISSIONING					Yes:	
Prepare system for commissioning, start-	-up and turno	over			No:	
Balance and commission systems					Yes: No:	
INSTALL MARINE SYSTEMS						
Perform penetration and layout of marine	structures a	ınd pipina			Yes: No:	
Install piping for marine systems					Yes: No:	
Repair marine piping systems					Yes: No:	
INSTALL BACKFLOW PREVENTION					Yes:	
Install cross connection assemblies and o	devices				No:	
Test, troubleshoot and repair cross conne	ection assem	ablies and devices			Yes: No:	
and protection of personal information on this form Privacy Act.)	is in accord	ance with the provisions	of the Freedom	of Information and		
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