



STEAMFITTER / PIPEFITTER
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 (80)	Declaration Response
PERFORM SAFETY-RELATED FUNCTIONS 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"/>
USE TOOLS AND EQUIPMENT Use common 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"/>
Rig loads for cranes	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use welding equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Use soldering and brazing equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use oxy-fuel equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use technical instruments and testers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PERFORM ROUTINE TRADE ACTIVITIES	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use 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"/>
PERFORM LAYOUT AND INSTALLATION OF PIPING COMPONENTS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install valves	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install fittings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Penetrate structures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Layout and install piping and tubing	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform maintenance, troubleshooting, repairs and testing on valves	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PERFORM FABRICATION	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Fabricate brackets, supports, hangers, guides and anchors	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Fabricate piping system components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USE COMMUNICATION TECHNIQUES	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use communication and mentoring techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL HEAT TRACING SYSTEMS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install heat tracing systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Repair and test heat tracing systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL HYDRONIC SYSTEMS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Interpret heating and cooling systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install equipment for hydronic systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install piping for hydronic systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Test and repair hydronic systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL STEAM SYSTEMS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install equipment for steam systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install piping for steam and condensate systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Test and repair steam and condensate systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL INDUSTRIAL WATER AND WASTE SYSTEMS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install equipment for industrial water and waste systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install piping for industrial water and waste systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Test and repair industrial water and waste systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
APPLY ELECTRICAL CONCEPTS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use the principles of electricity; use electrical wiring diagrams and schematics; interpret the Canadian Electrical Code (CEC)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply single phase motor theory	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply three phase motor theory	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply wiring practices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PLAN GAS FIRED APPLIANCE SYSTEM INSTALLATIONS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Size piping and tubing systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Select regulators, valves and valve train components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Select gas-fired appliances	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Select flame safe guards	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Select burners	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Plan a project	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL FUEL SYSTEMS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install equipment for fuel systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install piping and tubing for fuel systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install regulators, valves and valve train components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install air supply systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Test and repair fuel systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Commission fuel/air delivery systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL MEDICAL GAS SYSTEMS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install equipment for medical gas systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install piping and tubing for medical gas systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Test and repair medical gas systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL PROCESS PIPING SYSTEMS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install equipment for process piping systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install piping for process piping systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Test and repair process piping systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL HYDRAULIC SYSTEMS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install equipment for hydraulic systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install piping, tubing and hoses for hydraulic systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Test and repair hydraulic systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL COMPRESSED AIR AND PNEUMATIC SYSTEMS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install equipment for compressed air and pneumatic systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install piping and tubing for compressed air and pneumatic systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Test and repair compressed air and pneumatic systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL HEAT RECOVERY SYSTEMS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install equipment for heat recovery systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install piping for heat recovery systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Test and repair heat recovery systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL HEATING, VENTILATION, AIR CONDITIONING AND REFRIGERATION SYSTEMS (HVACR)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install equipment for HVACR systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install piping for HVACR systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Test and repair HVACR systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL SPECIALITY SYSTEMS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install equipment for specialty systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install piping for specialty systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Test and repair specialty systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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PERFORM COMMISSIONING	Yes: <input type="checkbox"/>
Prepare system for commissioning, start-up and turnover	No: <input type="checkbox"/>
Balance and commission systems	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
INSTALL MARINE SYSTEMS	Yes: <input type="checkbox"/>
Perform penetration and layout of marine structures and piping	No: <input type="checkbox"/>
Install piping for marine systems	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Repair marine piping systems	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
INSTALL BACKFLOW PREVENTION	Yes: <input type="checkbox"/>
Install cross connection assemblies and devices	No: <input type="checkbox"/>
Test, troubleshoot and repair cross connection assemblies and devices	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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