



WELDER
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, you must:

- Have worked a minimum of 6,930 hours in the industry performing work directly related to this occupation.
- Have experience performing at least 8 of the 11 welding procedures (4 of which are mandatory) listed in Section D of this form.

Holders of a military certificate in Material Technician MT #134 / MT #441, QL5 or higher will be eligible to challenge the Welder Inter-Provincial Red Seal examination.

To obtain an ITA certification in this trade via challenge, requires successful completion of the following two exams:

1. The Welder Interprovincial Red Seal exam, which will be administered by the Industry Training Authority, and
2. The Welder practical exam, which will be administered by the nearest welding college or testing institution on behalf of the Industry Training Authority.

Scheduling and payment for the practical exam must be arranged through the institution. For further information on the practical exam and the fee structure, please contact the nearest welding college or testing institution. 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**. This person will be contacted by ITA, to verify the accuracy of the information declared within this document.

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**.

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:



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C. Employment Information of Applicant

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

D. Supervisor Declaration of Job Task Performance

Place a check mark beside each procedure listed below which you have personally witnessed the applicant perform to a standard acceptable by industry.

Note: To be eligible to challenge the Welder certification, the applicant must have performed at least 8 of the 11 welding procedures listed below, including all 4 procedures listed in #1 and #2, plus at least 4 of the procedures listed in #3, #4 and #5.

Welding procedures used by the applicant

Mandatory procedures

1. Shielded metal arc welding (SMAW), including:
 - Fillet weld - all positions
 - Groove weld open root - all positions
2. Cutting and gouging, including:
 - Oxy-fuel cutting
 - Gouging

Additional procedures (minimum 4 required)

3. Gas metal arc welding (GMAW):
 - Groove weld with backing – flat (1G) position
 - Groove weld open root – flat (1G) position
 - Fillet weld - all positions
4. Flux cored arc welding (FCAW):
 - Fillet weld – all positions
 - Groove weld – vertical position
5. Gas tungsten arc welding (GTAW):
 - Fillet weld - all positions
 - Groove weld open root - all positions

Additional comments

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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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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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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