



WELL PUMP INSTALLER

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 **4,860 hours** performing some or all of the job tasks listed in Section D of this form, and
- Have experience performing at least **70%** of those tasks

4,370 documented hours of directly related work experience for holders of a Certificated of Qualification in Geotechnical/Environmental Driller will be required to challenge the Certificate of Qualification Examination.

3,880 documented hours of directly related work experience for holders of a Certificated of Qualification in Geoexchange Driller will be required to challenge the Certificate of Qualification Examination.

2,920 documented hours of directly related work experience for holders of a Certificated of Qualification in Water Well Driller will be required to challenge the Certificate of Qualification Examination.

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 BC Ground Water Association (BCGWA) 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**.

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 Well Pump Installer 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
Industry Overview and Professional Work Practices <i>Including:</i> Describe the scope of the trade in B.C., describe the B.C. Certification System, describe professional work practices, and apply trade math.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Workplace Safety <i>Including:</i> Describe common safety hazards associated with the trade, use safety equipment and procedures when dealing with hazards, use the WHMIS System to practice safe care and control of hazardous products, recognize and describe hazards to the environment associated with the trade, recognize and comply with WorkSafeBC Regulations, recognize and comply with the B.C. Wellhead Protection Regulations, recognize and comply with the B.C. Safety Authority Electrical Regulations, state the safety considerations when working in close proximity to a well head.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Well Drilling Methods <i>Including:</i> Describe the different types of well drilling systems applicable to the trade, use well drilling methods as applicable to the trade.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Geology <i>Including:</i> Identify various rock types and the processes that form them, describe various soil types found in B.C., use proper terminology to describe geological formations as it applies to the trade.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Ground Water <i>Including:</i> Describe the Hydrologic Cycle (Water Cycle), use proper terminology to describe various subsurface zones, use proper terminology to describe ground water formations, describe different sources of water, define appropriate terms and abbreviations used to report on lithology.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Aquifer Potential <i>Including:</i> Explain ground water flow as it pertains to various formations, recognize hydraulic properties of bedrock and overburden (soil) aquifers, describe the different types of aquifer tests and the equipment necessary, perform various aquifer tests, record the readings and interpret the results, use technologies for data acquisition, describe the use of monitoring wells for data collection.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Ground Water Quality <i>Including:</i> Interpret detailed chemistry reports, use proper techniques for acquiring water samples, use proper methods of disinfection, identify ground water treatment required for common concerns.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Pumping System <i>Including:</i> Describe different types of shallow and deep well pumps, describe equipment requirements for different pump types, determine the appropriate electrical wire size for pump installation, describe the types and sizes of pressure tanks, select pump type according to application and sizing, determine the Total Dynamic Head for a well pumping system, design and install a water pumping system for a well site.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Pumping System Electricals <i>Including:</i> Recognize electrical circuits, use lockout/tag out procedures, use a voltmeter, ampmeter, ohmmeter and megohmmeter, use methods for wiring motor controls, use procedures for protecting and burying underground cables, install a waterproof splice on a submersible pump motor lead in accordance with the electrical code, identify the requirements for an electrical disconnect on a pump system, complete a control box installation, complete a system ground for a pump installation, perform electrical tests as required on pumping systems, describe power supply alternatives for electric motor pumps.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Pumping System Troubleshooting and Repair <i>Including:</i> Perform pump system tests to identify problems, repair pump systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Water Well Systems <i>Including:</i> Describe the characteristics of well aquifer, describe various water well components, describe various in-well pump components, describe pump control systems and components, use various methods and equipment for well head completion.	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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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. For those trades, a current or previous employer must verify that the applicant has the required prerequisite credentials. Prerequisite credentials for this trade are listed below.

- 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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