

### 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 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 (Inter-Provincial Red Seal Endorsement) in Plumber and Sprinkler Fitter will be eligible to challenge this certification by documenting 4,950 hours of directly related work experience.

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 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 or Supervision and Sign-Off Authority**.

#### 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:
B. Supervisor Contact  Enter the name and contact inform given is current as the application	nation for the person who directly	supervised the applicant at this employer. Ensure the information of the contacted by ITA.
Name of Organization/Employer/Busi	ness:	
First and Last Name of Applicant's Di	rect Supervisor:	Supervisor Position or Title:
Suite Number: Street Number a	nd Name:	
City:	Province:	Postal Code:
Business Number:	Mobile Phone Number:	Supervisor E-Mail Address:
C. Employment Inform	ation of Applicant	
Dates of Applicant's Employment (MM From:	I/DD/YYYY): To:	Total Number Hours of <b>Steamfitter / Pipefitter</b> Experience Accumulate in that Period:
ob Title of Applicant:		



## 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

#### 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 Tasks	Declaration Response
PERFORM SAFETY-RELATED FUNCTIONS  Maintains safe work environment	Yes:  No:
Use personal protective equipment (PPE) and safety equipment	Yes:   No:
Perform lock-out and tag-out procedures	Yes:  No:
Practice fire prevention	Yes:
USE TOOLS AND EQUIPMENT Use common tools and equipment	Yes:   No:
Use access equipment	Yes:  No:
Use rigging, hoisting, lifting and positioning equipment	Yes:   No:
Rig loads for cranes	Yes:   No:
Use welding equipment	Yes:  No:
Use soldering and brazing equipment	Yes:   No:
Use oxy-fuel equipment	Yes:   No:
Use technical instruments and testers	Yes:  No:
PERFORM ROUTINE TRADE ACTIVITIES	Yes:
Use mathematics and science	No:

Supervisor First and Last Name:	Applicant First and Last Name:



# 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

Job Tasks		Declaration Response	
Interpret drawings and specifications		Yes: No:	
Use codes, regulations and standards		Yes: No:	
Use manufacturer's documentation		Yes: No:	
PERFORM LAYOUT AND INSALLATION OF PIPING COMP	PONENTS	Yes:	
Install valves		No:	
Install fittings		Yes: No:	
Penetrate structures		Yes: No:	
Layout and install piping and tubing		Yes: No:	
Perform maintenance, troubleshooting, repairs and testing on valves		Yes: No:	
PERFORM FABRICATION		Yes:	
Fabricate brackets, supports, hangers, guides and ar	nchors	No:	
Fabricate piping system components		Yes: No:	
USE COMMUNICATION TECHNIQUES		Yes:	
Use communication and mentoring techniques		No:	
INSTALL HEAT TRACING SYSTEMS		Yes:	
Install heat tracing systems		No:	
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:	
Enter the Supervisor and Applicant names from Page 1 on eve	ery page of this form		
Supervisor First and Last Name:	Applicant First and Last Name:		



# 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

Job Tasks	100000000000000000000000000000000000000	aration ponse
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:	
Select regulators, valves and valve train components	Yes: No:	

Supervisor First and Last Name:	Applicant First and Last Name:



# 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

Job Tasks		Decla Resp	
Select gas-fired appliances		Yes: No:	
Select flame safe guards		Yes: No:	
Select burners		Yes: No:	
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 component	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	7	Yes:	
Install equipment for process piping systems		No:	
Install piping for process piping systems		Yes: No:	
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:		



# 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

Job Tasks		Declaration Response	
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			
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			
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:			



## 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

Job Tasks		Declaration Response	
Test and repair specialty systems	Yes: No:		
PERFORM COMMISSIONING	Yes:		
Prepare system for commissioning, start-up and turnover	No:		
Balance and commission systems	Yes: No:		
INSTALL MARINE SYSTEMS	Yes:		
Perform penetration and layout of marine structures and piping	No:		
Install piping for marine systems	Yes: No:		
Repair marine piping systems	Yes:		
	No:		
INSTALL BACKFLOW PREVENTION	Yes:		
Install cross connection assemblies and devices	No:		
Test, troubleshoot and repair cross connection assemblies and devices	Yes:		
	No:		

Supervisor First and Last Name:	Applicant First and Last Name:



## 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

### 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 or receive Supervision and Sign-Off Authority. For those trades, the applicant must prove the required prerequisite credentials.

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)

Supervisor First and Last Name:	Applicant First and Last Name: