



PLUMBER
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 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 **Steamfitter/Pipefitter and Sprinkler System Installer** will be eligible to challenge this certification by documenting **4,950 hours** of directly related work experience.
 - Holders of a **military certificate in Plumbing and Heating Technician**, MT #304/ MT #646, QL5 or higher will be eligible to challenge the Plumber Interprovincial Red Seal 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 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:
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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):		Total Number Hours of Plumber Experience Accumulated in that Period:
From:	To:	
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.

Job Tasks	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 soldering and brazing equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use oxy-fuel cutting equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use welding 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 Use mathematics and science	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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Job Tasks	Declaration Response
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 piping system layout	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PREPARE PIPING AND COMPONENTS	
Prepare pipe	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Join tube, tubing and pipe	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install pipe and fittings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install valves	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Penetrate structures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL PLUMBING FIXTURES AND APPLIANCES	
Install fixtures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install appliances	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Commission fixtures and appliances	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service fixtures and appliances	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USE COMMUNICATION TECHNIQUES	
Use communication techniques and mentoring techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks	Declaration Response
INSTALL SEWERS AND SEWAGE TREATMENT SYSTEMS	Yes: <input type="checkbox"/>
Install piping for sewers	No: <input type="checkbox"/>
Install manholes and catch basins	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Test and service manholes, catch basins and piping for sewers	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Install sewage treatment system components	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Test and service sewage treatment system components	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
INSTALL DRAINAGE, WASTE AND VENT (DWV) SYSTEMS	Yes: <input type="checkbox"/>
Install sanitary drainage systems	No: <input type="checkbox"/>
Install storm drainage systems	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Test and service sanitary and storm drainage systems	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
INSTALL WATER SERVICES AND DISTRIBUTION SYSTEMS	Yes: <input type="checkbox"/>
Install water services	No: <input type="checkbox"/>
Install potable water distribution systems	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Test and service water service piping and distribution systems	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Commission water service and distribution systems	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
INSTALL CROSS CONNECTION CONTROL DEVICES AND ASSEMBLIES	Yes: <input type="checkbox"/>
Install and test cross connection control devices and assemblies	No: <input type="checkbox"/>
Service cross connection controls and assemblies	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>

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Job Tasks	Declaration Response
INSTALL PRESSURE SYSTEMS	Yes: <input type="checkbox"/>
Install piping for pressure systems	No: <input type="checkbox"/>
Install equipment for pressure systems	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Test and service pressure systems	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Commission pressure systems	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
INSTALL HYDRONIC SYSTEMS	Yes: <input type="checkbox"/>
Interpret heating and cooling systems	No: <input type="checkbox"/>
Install piping and components for hydronic systems	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Install hydronic heating and cooling systems	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Install hydronic transfer units	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Install hydronic system controls	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Test and service hydronic systems, components and controls	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Commission hydronic systems, components and controls	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
INSTALL WATER TREATMENT EQUIPMENT	Yes: <input type="checkbox"/>
Install and service water treatment equipment	No: <input type="checkbox"/>
Test and commission water treatment equipment	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
INSTALL SPECIALIZED SYSTEMS	Yes: <input type="checkbox"/>
Install piping for specialized systems	No: <input type="checkbox"/>

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Job Tasks	Declaration Response
Install equipment and components for specialized systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Test and service specialized systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Commission specialized systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
APPLY ELECTRICAL CONCEPTS	
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	
Size piping and tubing systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
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"/>
INSTALL GAS FIRED SYSTEMS	
Install piping and tubing systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install regulators, valves and valve trains	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks	Declaration Response
Install air supply systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Commission fuel/air delivery systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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)
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