



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

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
Tools and Equipment <i>Includes:</i> Using tools and equipment appropriately; and maintaining tools and equipment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Drawings and Specifications <i>Includes:</i> Organizing blueprints; interpreting blueprints and specifications.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Layout <i>Includes:</i> Laying out sleeves, equipment, trim, supports, piping, and accessories.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Communication and Organization <i>Includes:</i> Co-ordinating with other trades; organizing work to meet assigned schedule; and performing liaison tasks.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Fabrication and / or Installation <i>Includes:</i> Identifying components and specifications of piping systems; preparing sleeves, pipe and supports; and installing pipe systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Quality Assurance <i>Includes:</i> Applying codes and standards; and co-ordinating and performing testing.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Commissioning (Start-up, Testing, Adjusting, and Balancing) <i>Includes:</i> Verifying testing; performing flushing of system; starting up system.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintenance and Service <i>Includes:</i> Troubleshooting system; performing preventative maintenance; repairing system; and reactivating system.	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 or receive Supervision and Sign-Off Authority. For those trades, a current or previous employer must verify that the applicant has 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)

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: