



STEAMFITTER / PIPEFITTER
STATUTORY 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. Reason for Statutory Declaration

Indicate why a Statutory Declaration is required for this period of employment:

- Applicant was self-employed Employer will not complete Employer Declaration
 Employer is no longer in business Employment records are not available

Applicants must attempt to contact current or previous employers to request an Employer Declaration. If you have been unable to obtain an Employer Declaration for any portion of your non-self-employed work experience, indicate the steps you have taken to try to obtain it. If sufficient evidence of steps taken is not provided, the application may not be approved.

E. Statutory Declaration of Job Task Performance

By checking "Yes" or "No" in the Declaration Response column, indicate whether or not you have performed the job tasks listed below. Cross out any job tasks you did not perform during the period indicated in Section C.

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"/>

Enter the applicant name (repeat on every page of this form).

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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Job Tasks	Declaration Response
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"/>

F. 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, you must prove you have the required prerequisite credentials.

There are no prerequisite credentials or certificates for this trade.

G. Applicant Signature

I certify that the information I 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.)

Applicant Name (please print):	Applicant Signature:	Date: (MM/DD/YYYY)
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Enter the applicant name (repeat on every page of this form).

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H. Declaration of Official

This section must be completed by a Commissioner for Oaths, a Notary Public, or a Lawyer. It may also be completed by any Service BC Office or ITA Customer Service.

Name of Organization, Employer or Business for which this Statutory Declaration was prepared:	
Official's Last Name:	Official's First Name:
Occupation: <input type="checkbox"/> Commissioner of Oaths <input type="checkbox"/> Notary Public <input type="checkbox"/> Lawyer	
Address:	
Telephone Number:	Declared before me on Date: (MM/DD/YYYY)
Signed at: (City, Province)	Signature of Official:

Enter the applicant name (repeat on every page of this form).

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I. References

References must accompany all Statutory Declarations. Include with your completed Statutory Declaration the names and contact information of three individuals who can verify your self-declared work experience in this trade. This may include suppliers (maximum one), former employees (maximum one), contractors, or regular, long-term clients (maximum one).

Each individual listed will be contacted by the Industry Training Organization (ITO) responsible for this trade or ITA to verify the information provided on your application.

1. Reference

Legal Last Name of Reference:	Legal First Name of Reference:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

2. Reference

Legal Last Name of Reference:	Legal First Name of Reference:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

3. Reference

Legal Last Name of Reference:	Legal First Name of Reference:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

Enter the applicant name (repeat on every page of this form).

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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