



**BENCHPERSON
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.

Bench Person Endorsement

Job Tasks	Declaration Response
Trade Math <i>Including:</i> Calculate strain.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Band Saws <i>Including:</i> Troubleshooting, leveling and tensioning, proper tension gauge for type of band, bandmill alignment and maintenance.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Saw Welding <i>Including:</i> Butt weld saws.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Shearboards, Scrapers, Cooling Systems and Hydraulics <i>Including:</i> Hydraulic systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Tension, Level and Bench Saws <i>Including:</i> Band saw applications, tension requirements, maintenance and repair, heat tension.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Saw Filing Room Machines <i>Including:</i> Setup and maintenance of band saw bench, filing room machines and equipment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Band Mills <i>Including:</i> Alignment, maintenance, inspections, grinding of band wheels and crowning of wheels. Alignment of carriage and track. Alignment of infeed and outfeed rolls.	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, a current or previous employer must verify that the applicant has the required prerequisite credentials.

I have verified that the applicant has attained all the prerequisite credentials or certification required to be considered eligible to challenge or receive Supervision and Sign-Off Authority in this trade.

Saw Filer BC Certificate of Qualification

Copy of certificate attached

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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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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