

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

This form is used to declare work experience for periods of employment and 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 for each period of employment.

Legal Middle Name(s):

This form is not to be used for periods of self-employment. For more information, see Instructions for Certification.

To qualify to challenge certification in this trade, individuals must have:

- worked a minimum of 9,000 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** in **Industrial Electrician** will be eligible to challenge this certification by documenting **3,000** hours of directly related work experience.

Holders of military certificate in Electrical Distribution Technician MT#302 / MT#642, QL5 or higher with 6,000 documented hours of directly related experience working in the occupation will be eligible to challenge this certification.

Legal Last Name:

Total Number Hours of Construction Electrician Experience

Accumulated in that Period:

A. Applicant Name

Legal First Name:

Enter the name of the individual for whom this form is being completed.

To:

B. Employment Information of Ap	plicant	
Enter the business information for the applicant's p	eriod of employment declared for this tra	ade.
Name of Organization/Employer/Business:		
Mailing Address:		City:
Province/ State:	Country:	Postal Code/ Zip Code:
Business Phone Number: ()	Website:	
Enter the dates and number of hours for this period	od of employment.	

From:

Job Title of Applicant:

Dates of Applicant's Employment (MM/DD/YYYY):



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

Supervisor Contact Information

First and Last Name of Applicant's Direct Supervisor:

Enter the name and contact information for the person who directly supervised the applicant during this employment period. Ensure the information given is current as the application will be denied if this person cannot be contacted by ITA.

Supervisor Position or Title:

Supervisor's Phone Number: ()	Supervisor E-Mail Address:		
Language(s) that the employer/supervisor can communicate: (check	all that apply)		
☐ English ☐ Other (please sp	ecify):		
D. Supervisor Declaration of Job Task Perf	ormance of Applicant		
By checking "Yes" or "No" in the Declaration Response column, personally witnessed the applicant performing the job tasks liste		licant, ha	ve
Job Tasks (61)		Declara Respo	
SAFETY-RELATED FUNCTIONS Is this candidate able to use personal protection equipment (F	PPE) and safety equipment?	Yes: No:	
Is this candidate able to maintain a safe work environment?		Yes: No:	
Is this candidate able to perform lock-out and tag-out procedu	ires?	Yes: No:	
TOOLS AND EQUIPMENT Is this candidate able to use common and specialty tools and	equipment?	Yes: No:	
Is this candidate able to use access equipment?		Yes: No:	
Is this candidate able to use rigging, hoisting and lifting equip	ment?	Yes: No:	
Is this candidate able to use measuring and testing equipmen	t?	Yes: No:	
ORGANIZE WORK Is this candidate able to interpret plans, drawings and specific	ations?	Yes: No:	
Is this candidate able to use the Canadian Electrical Code (Cl	EC)?	Yes: No:	
Is this candidate able to organize materials and supplies?		Yes: No:	
Is this candidate able to plan project tasks and procedures?		Yes: No:	
Is this candidate able to prepare the worksite?		Yes: No:	
Enter the supervisor and applicant names (repeat on every page	e 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 (61)		Declaration Response	
Is this candidate able to finalize required documentation?			
Is this candidate able to identify hazardous locations?			
SUPPORT COMPONENTS Is this candidate able to fabricate support structures?	Yes: No:		
Is this candidate able to install brackets, hangers and fasteners?	Yes: No:		
Is this candidate able to install seismic restraint systems?			
COMMISSION AND DECOMMISSION ELECTRICAL SYSTEMS Is this candidate able to commission systems?			
Is this candidate able to perform start-up and shutdown procedures?	Yes: No:		
Is this candidate able to decommission systems?	Yes: No:		
COMMUNICATION AND MENTORING TECHNIQUES Is this candidate able to use communication techniques?	Yes: No:		
Is this candidate able to use mentoring techniques?			
CONSUMER/SUPPLY SERVICES AND METERING EQUIPMENT Is this candidate able to install/maintain single-phase consumer/supply services and metering equipment?			
Is this candidate able to install/maintain three-phase consumer/supply services and metering equipment?			
PROTECTION DEVICES Is this candidate able to Install/maintain overcurrent protection devices?			
Is this candidate able to Install/maintain ground fault, arc fault and surge protection devices?			
LOW VOLTAGE DISTRIBUTION SYSTEMS Is this candidate able to Install/maintain low voltage distribution equipment?			
POWER CONDITIONING, UNINTERRUPTIBLE POWER SUPPLY (UPS) AND SURGE SUPPRESSION SYSTEMS Is this candidate able to install/maintain power conditioning, ups and surge suppression systems?			
BONDING, GROUNDING, AND GROUND FAULT DETECTION SYSTEMS Is this candidate able to install/maintain grounding and bonding systems?			
Is this candidate able to install/maintain ground fault detection systems?	Yes: No:		
POWER GENERATION SYSTEMS Is this candidate able to install/maintain AC (alternating current) generating systems?			
Enter the supervisor and applicant names (repeat 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 (61)	Declaration Response	
Is this candidate able to install/maintain DC (direct current) generating systems?	Yes: No:	
RENEWABLE ENERGY GENERATING AND STORAGE SYSTEMS Is this candidate able to install/maintain renewable energy generating and storage systems?	Yes:	
HIGH VOLTAGE SYSTEMS Is this candidate able to install/maintain high voltage systems?	Yes:	
TRANSFORMERS Is this candidate able to install/maintain extra-low and low-voltage single-phase transformers?	Yes:	
Is this candidate able to install/maintain low-voltage three-phase transformers?		
Is this candidate able to install/maintain high-voltage transformers?		
RACEWAYS, CABLES, AND ENCLOSURES Is this candidate able to install/maintain conductors and cables?	Yes: No:	
Is this candidate able to install/maintain raceways, boxes and fittings?	Yes: No:	
BRANCH CIRCUITRY Is this candidate able to install/maintain luminaires?	Yes: No:	
Is this candidate able to install/maintain wiring devices?	Yes: No:	
Is this candidate able to install/maintain lighting controls?		
Is this candidate able to install/maintain lighting standards?		
Is this candidate able to install/maintain airport runway lighting systems?		
Is this candidate able to install/maintain traffic signal lights and controls?		
HEATING, VENTILATING, AND AIR-CONDITIONING (HVAC) SYSTEMS Is this candidate able to install/maintain HVAC systems and controls?	Yes: No:	
EXIT AND EMERGENCY LIGHTING SYSTEMS Is this candidate able to install/maintain exit and emergency lighting systems?		
CATHODIC PROTECTION SYSTEMS Is this candidate able to install/maintain cathodic protection systems?		
MOTOR STARTERS AND CONTROLS Is this candidate able to install/maintain motor starters and controls?		
DRIVES Is this candidate able to install/maintain drives?	Yes: No:	
Enter the supervisor and applicant names (repeat 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 (61)			Declaration Response		
NON-ROTATING EQUIPMENT AND ASSOCIAT				Yes:	
Is this candidate able to install/maintain non-r	rotating equipmer	nt and associated controls?		No:	
MOTORS Is this candidate able to install/maintain AC m	notors?			Yes:	
				No:	
Is this candidate able to install/maintain DC m	notors?			Yes: No:	
SIGNALING SYSTEMS				Yes:	
Is this candidate able to install/maintain fire a	larm systems?			No:	
Is this candidate able to install/maintain security and surveillance systems?			Yes: No:		
COMMUNICATION SYSTEMS	•	•		Yes:	
Is this candidate able to install/maintain Voice	e/Data/Video (VD	V) systems?		No:	
				Yes:	
Is this candidate able to install/maintain public	c address (PA) ar	nd intercom systems?		No:	
Is this candidate able to install/maintain nurse	e call systems?			Yes:	
BUILDING AUTOMATION SYSTEMS	- Journal of Control			No:	
Is this candidate able to install/maintain buildi	ing automation sy	vstems?		Yes: No:	
AUTOMATED CONTROL SYSTEMS				Yes:	
Is this candidate able to install/maintain autor	mated control sys	tems?		No:	
Is this candidate able to program automated control systems?		Yes: No:			
E. Supervisor Signature I certify that the information I, as the current or form	mer direct sune	ervisor of the applicant, have pr	ovided is accurate (Not	e. Collec	tion
r corting that the information i, as the carrent of for					
and protection of personal information on this form Privacy Act.)	ir io iii accordan		eccom of information at	ia Protect	1011 01
	Supervisor S	gnature:	Date Signed: (M		
Privacy Act.) Supervisor name (Please Print):	Supervisor S				
Privacy Act.)	Supervisor S				