



# IRONWORKER (REINFORCING)

## 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.*

*This form is not to be used for periods of self-employment. For more information, see Instructions for Certification Challenge or Supervision and Sign-Off Authority.*

*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 **4,770 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D

### 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:
-------------------	-----------------------	------------------

### B. Employment Information of Applicant

*Enter the business information for the applicant's period of employment declared for this trade.*

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 of employment.*

Dates of Applicant's Employment (MM/DD/YYYY): From:    To:	Total Number Hours of <b>Ironworker (Reinforcing)</b> Experience Accumulated in that Period:
Job Title of Applicant:	



# IRONWORKER (REINFORCING)

## 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

### C. Supervisor Contact Information

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.

First and Last Name of Applicant's Direct Supervisor:	Supervisor Position or Title:
Supervisor's Phone Number: ( )	Supervisor E-Mail Address:
Language(s) that the employer/supervisor can communicate: (check all that apply)	
<input type="checkbox"/> English <input type="checkbox"/> Other (please specify): _____	

### D. Supervisor Declaration of Job Task Performance of Applicant

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 (7)	Declaration Response
<b>USE SAFE WORK PRACTICES</b> Interpretation and comprehension of OH&S regulations and Worksafe BC standards, working in or around confined spaces, use of fall protection, fall arrest and work positioning equipment, maintenance and use of PPE (Personal Protective Equipment) and control of workplace hazards such as slip/trip, fire, etc.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>USE TOOLS &amp; EQUIPMENT</b> Use of hand tools (pliers, side cutters, hickies etc.) as well as the use of measurement and layout tools such as measuring tapes, string lines, spirit levels, etc. Use of power tools such as hydraulic and electric rebar benders and shears as well as gas cut off saws and oxy/acetylene torches used for cutting reinforcing materials.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>ORGANIZE WORK</b> Use of trades math to work out dimensions, weights, spacing in Metric and Imperial units. Interpretation of structural drawings, details and specifications for placing reinforcing materials. Use of trades language and non verbal communication. Packing and handling of materials.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>USE RIGGING, HOISTING &amp; LIFTING EQUIPMENT</b> Selection and use of rigging based on sling configuration and capacities as well as identifying and rectifying unsafe rigging and rigging practices. Use of knots and fiber rigging for attachment to bundles and pre fabricated members for the purpose of load control. Use of rigging accessories such as snatch blocks and shackles.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>APPLY CRANE WORK PROCEDURES</b> Working with cranes for hoisting bundles and pre fabricated members as well as setup and takedown of mobile cranes.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>APPLY REINFORCING TECHNIQUES</b> Fabrication of rebar (cutting and bending of stock lengths) and pre fabrication of members (columns, zones, beams, etc.) Laying out, marking and placing of reinforcing steel in slabs, walls and beams.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Enter the Supervisor and Applicant names (repeat on every page of this form)

Supervisor First and Last Name:	Applicant First and Last Name:
---------------------------------	--------------------------------



# IRONWORKER (REINFORCING)

## 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

<b>APPLY PRE-STRESSING/POST-TENSIONING TECHNIQUES</b> Installation of mono strand un-bonded post tensioning tendons and their accessories. Installation of mono and multi strand bonded post tensioning tendons and their accessories. Installation of grout in bonded post tensioned systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
---	---

### E. 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 (repeat on every page of this form)*

Supervisor First and Last Name:	Applicant First and Last Name:
---------------------------------	--------------------------------