



**IRONWORKER (REINFORCING)**  
**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

*This form is used to declare work experience for periods during which you were self-employed or a previous employer will not complete an Employer Declaration.*

**Note:** *Unless your work experience was gained through self-employment, applications must be accompanied by at least one Employer Declaration. 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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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### B. Self-Employment or Employment Information of Applicant

Enter the contact information for your own business if you are self-employed or your previous employer who will not complete an Employer Declaration.

Name of Organization/Employer/Business:		Business Registration Number: (Self-Employment only)	
Mailing Address:		City:	
Province/ State:	Country:	Postal Code/ Zip Code:	
Business Phone Number: ( )	Email Address:	Website:	

Enter the dates and number of hours for this period of employment or self-employment. You may combine multiple periods of self-employment on one form, but you must separate periods of employment with different employers on separate forms.

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



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### C. Reason for Statutory Declaration

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

- Applicant was self-employed  Employer will/can not complete Employer Declaration

Applicants **must** attempt to contact current or previous employers to request an Employer Declaration filled out and signed.

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.

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### D. Statutory Declaration of Job Task Performance

By checking “Yes” or “No” in the Declaration Response column, indicate whether you have performed the job tasks listed below during the period indicated in Section B.

Job Tasks (7)	Declaration Response
<b>USE SAFE WORK PRACTICES</b> Interpretation and comprehension of OH&S regulations and WorkSafeBC 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"/>

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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<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"/>
<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. 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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### F. References

**Minimum of Three References** must accompany each Statutory Declaration form. Include names and contact information of minimum three individuals who can attest to your hours and/or scope of trade. References listed must be related to the organization and period of employment listed in Section B of this form.

Each individual listed will be contacted by ITA to verify the information provided on your application.

#### 1. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

#### 2. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

#### 3. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

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

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