





# OIL HEAT SYSTEM TECHNICIAN

## 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
<b>Occupational Skills</b> <i>Including:</i> Using tools and equipment, Organizing work,	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Fuel Supply and Storage Systems</b> <i>Including:</i> Installing fuel storage tanks, Installing fuel supply system.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Oil Fired Heating Systems</b> <i>Including:</i> Installing and retrofits oil-fired and wood/oil appliances and components, Installing forced air heating systems, Installing hydronic heating systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Venting, Combustion Air And Make-Up Air</b> <i>Including:</i> Installing venting systems, Installing equipment and components for combustion air and makeup air.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Electrical/Electronic Systems</b> <i>Including:</i> Installing electrical and electronic systems, Testing electrical and electronic systems.	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:
-------------------	-----------------------	------------------



**OIL HEAT SYSTEM TECHNICIAN  
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

Job Tasks	Declaration Response
<b>Maintenance, Repair and Removal</b> <i>Including:</i> Maintaining oil-fired heating systems and components, Diagnosing oil-fired heating systems and components, Repairing oil-fired heating systems and components, Removing appliances and components	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. For those trades, you must prove you have the required prerequisite credentials. Prerequisite credentials for this trade are listed below.*

- 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)
--------------------------------	----------------------	--------------------

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

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



# OIL HEAT SYSTEM TECHNICIAN

## 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

### H. 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 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:
-------------------	-----------------------	------------------