



SAW FILER

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.

Job Tasks	Declaration Response
Safety <i>Including:</i> WorksafeBC regulations, safety procedures, handling saws and knives.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Trade Math <i>Including:</i> Use of measuring tools and equipment, application of formulae.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Saw Basics <i>Including:</i> Saw tooth inspection, swager and swaging, shaper and shaping, tooth alignment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Band Saws <i>Including:</i> Fitting, sharpening and handling, kerf requirements, grinding, maintenance of grinder.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Circular Saws <i>Including:</i> Inspection of saws, plumbing & leveling, tensioning for RPM & feed speed. Sharpening of solid tooth, carbide and satellite. PM of grinding equipment, use of correct grinding wheel.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Grinding Wheels <i>Including:</i> Safe handling and storage, operating speed calculation, shaping and dressing, mounting.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Knives <i>Including:</i> Angles, sharpening, babbiting and balancing, troubleshooting.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Saw Welding <i>Including:</i> Portable Oxy-Acetylene units, tool and equipment selection, adjusting flame types, crack and tooth welding, MIG equipment, welding saw plate.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Saw Chains <i>Including:</i> Calculate gauge and pitch, inspection and repair, setup and sharpening, wheel profile.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Saw Guides <i>Including:</i> Maintenance, guide types.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Shearboards, Scrapers, Cooling Systems and Hydraulics <i>Including:</i> Types of shearboards, maintenance of shearboards, types of scrapers, maintenance of scrapers. Saw lubricants, application and maintenance of lubrication systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Tension, Level and Bench Saws <i>Including:</i> Applications to bandsaws and circular saws.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Planning and Organizing Work Activities <i>Including:</i> Creating and interpreting technical documents, shutdown procedures, project work.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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:
---------------------------------	--------------------------------



**SAW FILER
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	Declaration Response
Saw Filing Room Machines <i>Including:</i> Bench setup and maintenance, circular saw stretcher, grinder operation and maintenance, guide equipment maintenance.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Circular Saw Machines <i>Including:</i> Head rig alignment and maintenance, optimizing systems, align gang saws and edgers, align chip canter, align cut-off, trim, and slasher saws, laser alignment, troubleshooting.	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.

There are no prerequisite credentials or certificates for this trade.

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

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:
---------------------------------	--------------------------------