



STEAMFITTER / PIPEFITTER 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 **9,450 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 with Inter-Provincial Red Seal Endorsement in Plumber or Sprinkler Fitter** will be eligible to challenge this certification by documenting **4,950 hours** of directly related work experience.

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):		Total Number Hours of Steamfitter / Pipefitter Experience Accumulated in that Period:
From:	To:	
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.

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 (80)	Declaration Response
PERFORM SAFETY-RELATED FUNCTIONS Maintains safe work environment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use personal protective equipment (PPE) and safety equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform lock-out and tag-out procedures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Practice fire prevention	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USE TOOLS AND EQUIPMENT Use common tools and equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use access equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use rigging, hoisting, lifting and positioning equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks (80)	Declaration Response
Rig loads for cranes	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use welding equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use soldering and brazing equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use oxy-fuel equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use technical instruments and testers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PERFORM ROUTINE TRADE ACTIVITIES	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use mathematics and science	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Interpret drawings and specifications	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use codes, regulations and standards	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use manufacturer's documentation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PERFORM LAYOUT AND INSALLATION OF PIPING COMPONENTS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install valves	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install fittings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Penetrate structures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Layout and install piping and tubing	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform maintenance, troubleshooting, repairs and testing on valves	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PERFORM FABRICATION	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Fabricate brackets, supports, hangers, guides and anchors	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Fabricate piping system components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks (80)	Declaration Response
USE COMMUNICATION TECHNIQUES Use communication and mentoring techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL HEAT TRACING SYSTEMS Install heat tracing systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repair and test heat tracing systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL HYDRONIC SYSTEMS Interpret heating and cooling systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install equipment for hydronic systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install piping for hydronic systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Test and repair hydronic systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL STEAM SYSTEMS Install equipment for steam systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install piping for steam and condensate systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Test and repair steam and condensate systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL INDUSTRIAL WATER AND WASTE SYSTEMS Install equipment for industrial water and waste systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install piping for industrial water and waste systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Test and repair industrial water and waste systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
APPLY ELECTRICAL CONCEPTS Use the principles of electricity; use electrical wiring diagrams and schematics; interpret the Canadian Electrical Code (CEC)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply single phase motor theory	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Apply three phase motor theory	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply wiring practices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PLAN GAS FIRED APPLIANCE SYSTEM INSTALLATIONS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Size piping and tubing systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Select regulators, valves and valve train components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Select gas-fired appliances	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Select flame safe guards	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Select burners	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Plan a project	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL FUEL SYSTEMS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install equipment for fuel systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install piping and tubing for fuel systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install regulators, valves and valve train components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install air supply systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Test and repair fuel systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Commission fuel/air delivery systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL MEDICAL GAS SYSTEMS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install equipment for medical gas systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install piping and tubing for medical gas systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Test and repair medical gas systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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<input type="text"/>	<input type="text"/>	<input type="text"/>



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INSTALL PROCESS PIPING SYSTEMS	Yes: <input type="checkbox"/>
Install equipment for process piping systems	No: <input type="checkbox"/>
Install piping for process piping systems	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Test and repair process piping systems	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
INSTALL HYDRAULIC SYSTEMS	Yes: <input type="checkbox"/>
Install equipment for hydraulic systems	No: <input type="checkbox"/>
Install piping, tubing and hoses for hydraulic systems	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Test and repair hydraulic systems	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
INSTALL COMPRESSED AIR AND PNEUMATIC SYSTEMS	Yes: <input type="checkbox"/>
Install equipment for compressed air and pneumatic systems	No: <input type="checkbox"/>
Install piping and tubing for compressed air and pneumatic systems	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Test and repair compressed air and pneumatic systems	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
INSTALL HEAT RECOVERY SYSTEMS	Yes: <input type="checkbox"/>
Install equipment for heat recovery systems	No: <input type="checkbox"/>
Install piping for heat recovery systems	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Test and repair heat recovery systems	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
INSTALL HEATING, VENTILATION, AIR CONDITIONING AND REFRIGERATION SYSTEMS (HVACR)	Yes: <input type="checkbox"/>
Install equipment for HVACR systems	No: <input type="checkbox"/>
Install piping for HVACR systems	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Test and repair HVACR systems	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
INSTALL SPECIALITY SYSTEMS	Yes: <input type="checkbox"/>
Install equipment for specialty systems	No: <input type="checkbox"/>
Install piping for specialty systems	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>

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Test and repair specialty systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PERFORM COMMISSIONING Prepare system for commissioning, start-up and turnover	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Balance and commission systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL MARINE SYSTEMS Perform penetration and layout of marine structures and piping	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install piping for marine systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repair marine piping systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL BACKFLOW PREVENTION Install cross connection assemblies and devices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Test, troubleshoot and repair cross connection assemblies and devices	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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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:	

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