



**CARPENTER**  
**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

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 **9,540 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 military certificate in Construction Technician MT #306 / MT #648, QL5 or higher will be eligible to challenge the Carpenter Inter-Provincial Red Seal examination.**

This form is used to declare work experience for periods of employment. The information provided is used to verify the applicant's work experience in this trade. This form 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 by each Employer listed on the applicant's completed Application form. A Statutory Declaration of Work Experience form must be completed for periods during which the applicant was self-employed or a previous employer is unavailable to complete an Employer Declaration. For more information, see **Instructions for Certification Challenge or Supervision and Sign-Off Authority**.

**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:
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**B. Supervisor Contact Information**

Enter the name and contact information for the person who directly supervised the applicant at this employer. Ensure the information given is current as the application will be denied if this person cannot be contacted by ITA.

Name of Organization/Employer/Business:		
First and Last Name of Applicant's Direct Supervisor:		Supervisor Position or Title:
Suite Number:	Street Number and Name:	
City:	Province:	Postal Code:
Business Number: ( )	Mobile Phone Number: ( )	Supervisor E-Mail Address:

**C. Employment Information of Applicant**

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



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**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.*

<b>Job Tasks</b>	<b>Declaration Response</b>
<b>Safe Work Practices</b> <i>Includes: Apply Shop and Site Safety Practices, Apply Personal Safety Practices</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Documentation and Organizational Skills</b> <i>Includes: Describe Carpentry Trade, Use Construction Drawings and Specifications, Interpret Building Codes and Bylaws, Plan and Organize Work, Perform Trade Math</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Tools and Equipment</b> <i>Includes: Use Hand Tools, Use Portable Power Tools, Use Stationary Power Tools, Use Oxy-Fuel Equipment</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Survey Instruments and Equipment</b> <i>Includes: Use Levelling Instruments and Equipment, Use Site Layout Equipment</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Access, Rigging and Hoisting Equipment</b> <i>Includes: Use Ladders, Scaffolds and Access Equipment, Use Rigging and Hoisting Equipment</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Site Layout</b> <i>Includes: Lay Out Building Locations, Prepare Building Site, Apply Excavation and Shoring Practices</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Concrete Formwork</b> <i>Includes: Use Concrete Types, Materials, Additives and Treatments, Build Footing and Vertical Formwork, Select Concrete Forming Systems, Build Slab-On-Grade Forms and Suspended Slab Forms, Install Reinforcement and Embedded Items, Build Concrete Stair Forms, Place and Finish Concrete, Install Specialized Formwork</i>	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:
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Job Tasks	Declaration Response
<b>Wood Frame Construction</b> <i>Includes:</i> Describe Wood Frame Construction, Select Framing Materials, Build Floor Systems, Build Wall Systems, Build Stair Systems, Build Roof Systems, Build Specialized Framing Systems, Perform Renovations and Additions, Build Timber and Engineered Wood Construction, Build Decks and Exterior Structures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Finishing Materials</b> <i>Includes:</i> Install Doors and Hardware, Install Windows and Hardware, Install Exterior Finishes, Install Interior Finishes, Install Cabinets, Describe Roofing Materials, Install Interior Floor, Ceiling and Wall Systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Building Science</b> <i>Includes:</i> Control the Forces Acting on a Building, Control Heat and Sound Transmission, Control Air and Moisture Movement in Buildings	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.*

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)
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*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:
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