

Please print clearly and return to the address noted above

Application Package Instructions

TRADE: METAL FABRICATOR (0020) (Fitter)

APPLICATION PACKAGE INFORMATION:

Please review the contents of this package prior to completing.

Supervision and Sign-Off Authority authorizes you to recommend certification for Metal Fabricator trade apprentices.

An individual is considered to be eligible for Supervision and Sign-Off Authority of apprentices if they have been assessed by the ITA as having work experience in the specific trade amounting to at least *one and a half times* the number of work-based training hours required by the Industry Training Program for that trade. In general your work experience should cover at least 70% of the tasks listed in this application package.

This package contains the information and the forms you need to apply for Supervision and Sign-Off Authority for the trade of Metal Fabricator. The purpose of this package is to assist you in collecting the information necessary for us to complete the assessment of your application. The ITA will assess your work experience and determine whether you qualify for Supervision and Sign-Off Authority.

The ITA will process your assessment within *60 days of receipt of your complete information* and will notify you in writing the results of your assessment. Applications will be returned if information is missing. We can not process incomplete applications.

Forms:

1. **Application for Supervision and Sign-Off Authority and Work Experience Summary Information** (page 2 of this package). To be completed by applicant.
2. **Employer Declaration** (pages 3 & 4 of this package). *Note:* An Employer Declaration form must be completed and signed by any current or previous employers where you have acquired work experience you want assessed as part of your application (see page 2 section B).
3. **Document Checklist** (page 5 of this package) to be completed by applicant.
4. **Statutory Declaration** (pages 7 and 8 of this package) to be completed by applicant if required. See page 6 for additional information on Statutory Declarations.

All Documents must be submitted in English. Translations of documents in languages other than English must be done by a Certified Translator.

- You are responsible for the cost of translation services.
- For a list of certified translators, contact the Society of Translators and Interpreters of British Columbia, or visit their web site at <http://www.stibc.org/directory.php>.

If you have any questions regarding the completion of this Supervision and Sign-Off Authority package, contact **ITA Customer Service** (see above for contact information) or send an email to: **customerservice@itabc.ca**

APPLICATION FOR SUPERVISION AND SIGN-OFF AUTHORITY METAL FABRICATOR (0020)

Please print clearly and return to the address noted above

A. Applicant's Information

Registration Number (TWID):					
Legal Last Name:		Legal First Name:		Legal Middle Name (s):	
Date of Birth (YYYY/MM/DD):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Suite Number:	Mailing Address:				
City:		Province: B.C.	Postal Code:		Email:
Daytime Telephone Number: ()		Home Telephone Number: ()		Fax Number: ()	

To qualify for Supervision and Sign-Off Authority of Metal Fabricator apprentices, you must provide proof of having worked a minimum of 9,600 hours performing the tasks listed on the *Employer Declaration* (page 4). In general your work experience should cover at least 70% of the tasks (3 out of 4 tasks) listed in Part 2 of the Employers Declaration (page 4).

B: Work Experience Summary Information

Name of Organization/Employer(s) *	Dates of Employment	Total # of Hours of Experience
	From: To: (YYYY/MM/DD)	
	From: To: (YYYY/MM/DD)	
	From: To: (YYYY/MM/DD)	
	From: To: (YYYY/MM/DD)	

***Note:** An *Employer Declaration* form (pages 3 and 4) must be completed by each of the Employers listed above. See *Employer Declaration* "Instructions to Employers" for additional information.

Privacy Statement

The Industry Training Authority is committed to protecting the privacy of any personal information you may provide when filing an application form with us. The Industry Training Authority will not use or share any personal information provided by the applicants except with the consent of the individual to whom the information relates or as otherwise authorized by the Freedom of Information and Protection of Privacy Act.

Certification and authorization for collection, use and disclosure of personal information

"I certify that the information that I, as an individual applying to either challenge this certification, or be granted Supervision and Sign-off Authority for apprentices in this trade, have provided is accurate and I understand and agree that ITA reserves the right to verify the accuracy of such information. I agree to allow ITA, in accordance with the BC Freedom of Information and Protection of Privacy Act, to use and provide to others the personal information I have provided on this form, as well as any other information necessary, for the purpose of administering the apprenticeship training program I'm seeking to challenge or receive Supervision and Sign-off Authority for, including the application process, program delivery, evaluation and certification. I authorize ITA to provide my personal information for the previously stated purpose to apprenticeship officials in other jurisdictions, my present and future sponsors, educational institutions, private trainers and to other agencies, regulatory authorities and ministries of municipal, provincial and federal governments where the information is necessary for them to fulfill their legal responsibilities and/or manage apprenticeship-related programs. I also authorize ITA to make the status of my certification and apprenticeship publicly available."

Applicant Signature:	Date: (YYYY/MM/DD)
----------------------	--------------------

For Office Use Only

Date Screened:	Missing Information	Results
Application Status <input type="checkbox"/> Application Complete <input type="checkbox"/> Application Incomplete – Returned to Applicant		Hours: Required: 9,600 Reported: Scope: Required: 3 out of 4 tasks Reported:

Please print clearly and return to the address noted above

Employer Declaration – Part 2

Metal Fabricator		Employer's Response
<p>By checking "yes" or "no", indicate in the "Employer's Response" column whether the applicant performed the following tasks during the period of employment with your organization. <i>Cross out any tasks that were not performed.</i></p>		
<p>Occupational Skills <i>Includes:</i> Demonstrating common trade practices; utilizing various shop drawings, sketches and fabrication drawings; and employing tools, equipment and measuring instruments.</p>		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<p>Job Planning <i>Includes:</i> Receiving and identifying materials; developing individual job plan and schedule; and preparing work area and equipment schedules.</p>		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<p>Fabrication of Components <i>Includes:</i> Handling materials; performing layout; and fabricating detail materials.</p>		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<p>Assembly of Components <i>Includes:</i> Fitting and fastening components and subcomponents; performing welding activities; preparing final products for finishes; loading finished assemblies; and installing on-site.</p>		Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Certification:

I certify that the information I (as employer) 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:	Employer Signature:	Date: (YYYY/MM/DD)
-----------------	---------------------	--------------------

Please print clearly and return to the address noted above

DOCUMENTATION CHECKLIST

To avoid delays in processing, please use the following checklist to ensure the required documentation is attached to your application and all forms are complete. **We can not process incomplete applications.**

ALL APPLICABLE BOXES MUST BE CHECKED OFF:

- All documents, including letters and certificates, are originals or *certified true copies* of originals, in the English language.
- Any translations have been performed by Certified Translators.
- The Applicant has completed in full and signed, the **Application for Supervision and Sign-Off Authority and Work Experience Summary Information** (Page 2 of this package)
- Each Employer has completed in full and signed, the **Employer Declaration** (Pages 3 & 4 of this package).
- The information contained on each **Employer Declaration** form matches the information declared on the Applicant's **Work Experience Summary Information**.
- A **Statutory Declaration** form is enclosed in situations when an Employer Declaration is not available (pages 7 & 8 of this package). See *Statutory Declaration information on page 6 of this package*.

Please print clearly and return to the address noted above

Statutory Declarations

A Statutory Declaration form may be used to document time worked in a trade when applying to receive Supervision and Sign-Off Authority for a trade **only due to the following circumstances:**

1. The firm is no longer in business and the principals cannot be located.
2. The owner/manager is deceased and complete employment records are not available.
3. The firm is located overseas and extreme difficulties are encountered in trying to get the documentation.
4. The applicant has been self-employed as an owner/operator of a business.
5. A firm refuses to issue a letter to document time worked in a trade.

A Statutory Declaration, using the form that is provided on pages 7 and 8 of this package, must be completed **for each place of employment** for which you are unable to provide an Employer Declaration.

Important: The Statutory Declaration form is comprised of **Part 1 (page 7) and Part 2 (page 8)**. It must be completed for each place of employment you cannot obtain documentation for, and must be sworn before a Lawyer, Notary Public, or Commissioner of Oaths for the Province of British Columbia. Please make additional copies of the Statutory Declaration form as needed.

Please print clearly and return to the address noted above

Statutory Declaration – Part 2

Metal Fabricator		Declaration Response
<p>By checking “yes” or “no”, indicate in the “Declaration Response” column whether you performed the following tasks during your period of employment with the organization indicated on Part 1 of the Statutory Declaration. <i>Cross out any tasks that were not performed.</i></p>		
<p>Occupational Skills <i>Includes:</i> Demonstrating common trade practices; utilizing various shop drawings, sketches and fabrication drawings; and employing tools, equipment and measuring instruments.</p>		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<p>Job Planning <i>Includes:</i> Receiving and identifying materials; developing individual job plan and schedule; and preparing work area and equipment schedules.</p>		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<p>Fabrication of Components <i>Includes:</i> Handling materials; performing layout; and fabricating detail materials.</p>		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<p>Assembly of Components <i>Includes:</i> Fitting and fastening components and subcomponents; performing welding activities; preparing final products for finishes; loading finished assemblies; and installing on-site.</p>		Yes: <input type="checkbox"/> No: <input type="checkbox"/>

I solemnly declare that the information provided in this Declaration, to the best of my knowledge, is true.

Applicant's Name	Applicant's Signature:	Date: (YYYY/MM/DD)
------------------	------------------------	--------------------

This section to be completed by:		Declaration of Official
Last Name:	First Name:	
Occupation: :	<input type="checkbox"/> Commissioner for Oaths <input type="checkbox"/> Notary Public <input type="checkbox"/> Lawyer	
Address:		
Telephone Number:	Declared before me on Date: (YYYY/MM/DD)	
Signed at: (City, Province)	Signature of Official:	