

INDUSTRIAL ELECTRICIAN

EMPLOYER DECLARATION OF WORK EXPERIENCE

SkilledTradesBC 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@skilledtradesbc.ca

This form is used to declare work experience for periods of employment and must be completed by a **direct supervisor of the applicant**, who will be contacted by SkilledTradesBC.

Note: An Employer Declaration of Work Experience form must be completed for each period of employment.

This form is not to be used for periods of self-employment. For more information, see Instructions for Certification Challenge.

“Industrial Electricians” inspect, install, test, troubleshoot, repair, and service industrial electrical equipment and associated electrical and electronic controls. Service includes calibration and preventative/predictive maintenance. Industrial electricians are employed by maintenance departments of plants, mines, smelters, oil and gas operations, mills, shipyards, utility companies, manufacturing facilities and other industrial establishments. Some are employed by electrical contractors.

To qualify to challenge certification in this trade, individuals must have:

- worked a minimum of **9,000 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** in **Construction Electrician** will be eligible to challenge this certification by documenting **3,000 hours** of directly related work experience.

Holders of a Canadian **military certificate** in **Electrical Technician MT #125 / Marine Electrician MT #331/332, QL5 or higher** will be eligible to challenge this certification by submitting an [Exam Application Form](#) along with a copy of the certificate.

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. Employment Information of Applicant

Enter the business information for the applicant's period of employment declared for this trade.

Name of Organization/Employer/Business:		
Business Address (Street Name/Number, Building/Unit Number):		City:
Province/ State:	Country:	Postal Code/ Zip Code:
Business Phone Number: ()	Website:	

Enter the dates and number of hours for this period of employment.

Dates of Applicant's Employment (MM/DD/YYYY): From: To:		Total Number Hours of Industrial Electrician Experience Accumulated in Period:
Job Title of Applicant:		

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C. Supervisor Contact Information

Enter the name and contact information for the person who directly supervised the applicant during this employment period. Ensure the information given is current as the application will be denied if this person cannot be contacted by SkilledTradesBC.

First and Last Name of Applicant's Direct Supervisor:	Supervisor Position or Title:
Supervisor's Phone Number: ()	Supervisor E-Mail Address:
Language(s) that the employer/supervisor can communicate: (check all that apply)	
<input type="checkbox"/> English <input type="checkbox"/> Other (please specify): _____	

D. Supervisor Declaration of Job Task Performance of Applicant

By checking "Yes" or "No" in the Declaration Response column, indicate whether you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed.

JOB TASKS (112)	SUPERVISOR DECLARATION RESPONSE	
PERFORMS COMMON OCCUPATIONAL SKILLS		
Performs Safety-Related Functions		
Maintains safe work environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses personal protective equipment (PPE) and safety equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs lock-out and tag-out procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identifies environmental conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses Tools And Equipment		
Uses common and specialty tools and equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses access equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses rigging, hoisting and lifting equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Organizes Work		
Interprets plans, drawings and specifications	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identifies hazardous locations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Organizes materials and supplies	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Supervisor must enter name and initials on every page of this form

Supervisor First and Last Name (Please Print):	
I hereby certify, that to the best of my knowledge, the information I am providing as a current or past supervisor of the applicant (as named on page 1 of this document), is true and accurate.	Supervisor's Initials:

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JOB TASKS (112)	SUPERVISOR DECLARATION RESPONSE	
Plans project tasks and procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepares worksite	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Finalizes required documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fabricates And Installs Support Components		
Fabricates support structures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs brackets, hangers and fasteners	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs seismic restraint systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Commissions And Decommissions Electrical Systems		
Commissions Systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs shutdown and startup procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Decommissions systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses Communication And Mentoring Techniques		
Uses communication techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses mentoring techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
INSTALLS AND MAINTAINS GENERATING, DISTRIBUTION AND SERVICE SYSTEMS		
Installs And Maintains Consumer/Supply Services And Metering Equipment		
Installs single-phase consumer/supply services and metering equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains single-phase consumer/supply services and metering equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs three-phase consumer/supply services and metering equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains three-phase consumer/supply services and metering equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains Protection Devices		
Installs overcurrent protection devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains overcurrent protection devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs ground fault, arc fault and surge protection devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains ground fault, arc fault and surge protection devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (112)	SUPERVISOR DECLARATION RESPONSE	
Installs under and over voltage protection devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains under and over voltage protection devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains Low Voltage Distribution Systems		
Installs low voltage distribution equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains low voltage distribution equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains Power Conditioning Systems		
Installs power conditioning systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains power conditioning systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains Bonding, Grounding And Ground Fault Detection Systems		
Installs grounding systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains grounding systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs bonding systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains bonding systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs ground fault detection systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains ground fault detection systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains Power Generating Systems		
Installs alternating current (AC) generating systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains alternating current (AC) generating systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs direct current (DC) generating systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains direct current (DC) generating systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains Renewable Energy Generating And Storage Systems		
Installs renewable energy generating and storage systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains renewable energy generating and storage systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains High Voltage Systems		
Installs high voltage systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (112)	SUPERVISOR DECLARATION RESPONSE	
Maintains high voltage systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains Transformers		
Installs extra-low voltage transformers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains extra-low voltage transformers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs low voltage single-phase transformers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains low voltage single-phase transformers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs low voltage three-phase transformers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains low voltage three-phase transformers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs high voltage transformers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains high voltage transformers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
INSTALLS AND MAINTAINS WIRING SYSTEMS		
Installs And Maintains Raceways, Cables, Conductors And Enclosures		
Installs conductors and cables	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains conductors and cables	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs conduit, tubing and fittings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs raceways	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs boxes and enclosures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains conduit, tubing, fittings, raceways, boxes and enclosures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains Branch Circuitry And Devices		
Installs luminaires	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains luminaires	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs wiring devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains wiring devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains Heating, Ventilation And Air-Conditioning (HVAC) Electrical Components		
Connects power to HVAC systems and associated equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (112)	SUPERVISOR DECLARATION RESPONSE	
Installs HVAC controls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains HVAC electrical components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains Electric Heating Systems And Controls		
Installs electric heating systems and controls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains electric heating systems and controls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains Exit And Emergency Lighting Systems		
Installs exit and emergency lighting systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains exit and emergency lighting systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains Cathodic Protection Systems		
Installs cathodic protection systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains cathodic protection systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
INSTALLS AND MAINTAINS ROTATING AND NON-ROTATING EQUIPMENT AND CONTROL SYSTEMS		
Installs And Maintains Motor Starters And Control Devices		
Installs motor starters	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains motor starters	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs motor control devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains motor control devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains Drives		
Installs AC drives	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains AC drives	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs DC drives	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains DC drives	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains Non-Rotating Equipment And Associated Controls		
Installs non-rotating equipment and associated controls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains non-rotating equipment and associated controls	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (112)	SUPERVISOR DECLARATION RESPONSE	
Installs And Maintains Motors		
Installs single-phase motors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains single-phase motors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs three-phase motors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains three-phase motors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs DC motors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains DC motors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
INSTALLS AND MAINTAINS SIGNALLING AND COMMUNICATION SYSTEMS		
Installs And Maintains Signaling Systems		
Installs fire alarm systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains fire alarm systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs security and surveillance systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains security and surveillance systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains Communication Systems		
Installs communication systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains communication systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains Building Automation Systems		
Installs building automation systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains building automation systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
INSTALLS AND MAINTAINS PROCESS CONTROL SYSTEMS		
Installs And Maintains Input/Output (I/O) devices		
Installs discrete input/output (I/O) devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains discrete input/output (I/O) devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs analog input/output (I/O) devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains analog input/output (I/O) devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (112)	SUPERVISOR DECLARATION RESPONSE	
Installs, Programs And Maintains Automated Control Systems		
Installs automated control systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains automated control systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Programs automated control systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Optimizes system performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains Pneumatic And Hydraulic Control Systems		
Installs pneumatic control systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains pneumatic control systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs hydraulic control systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains hydraulic control systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No

E. Supervisor Signature

I certify that the information I, as the current or former direct supervisor of the applicant, have provided is true and 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 Signature:	Date Signed: (MM/DD/YYYY)
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