

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.

"Powerline technicians" install, maintain and repair overhead, underground and underwater powerlines and cables, and other associated equipment such as insulators, conductors, lightning arrestors, switches, metering systems, transformers and lighting infrastructure.

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

- worked a minimum of 10,080 hours performing the tasks listed in Section D, this must include a minimum of 500 hours with a crew
 doing "live line" work (work performed with a live line permit in place), and
- experience performing at least 70% of the job tasks listed in Section D.

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:
B. Employment Information Enter the business information for the appl		rad for this trade
Name of Organization/Employer/Busines		red for this trade.
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 t	his period of employment.	
Dates of Applicant's Employment (MM/D) From: To:		Number Hours of Powerline Technician Experience nulated 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	e: (check all that apply)		
☐ English ☐ Other (plea	ase specify):		
D. Supervisor Declaration of Job Task Performance By checking "Yes" or "No" in the Declaration Response column personally witnessed the applicant performing the job tasks list	n, indicate whether you, as the direct supervise	or of the applican	ıt, have
JOB TASKS (65)	DECLA	RVISOR RATION PONSE
PERFORMS COMMON OCCUPATIONAL SKILLS			
Performs safety-related functions			
Uses personal protective equipment (PPE) and safety equ	ıipment	Yes	☐ No
Controls powerline hazards		Yes	☐ No
Controls environmental hazards		Yes	☐ No
Performs lock-out and tag-out procedures		Yes	☐ No
Performs temporary grounding and bonding procedures		☐ Yes	☐ No
Uses and maintains tools and equipment			
Uses hand, power and powder-actuated tools and equipr	ment	Yes	☐ No
Uses electrical measuring and testing equipment		Yes	No
Uses rigging, hoisting and lifting equipment		Yes	No
Organizes work			
Interprets plans, drawings and specifications		☐ Yes	☐ No
Supervisor must enter name and initials on every page of this fo	orm		
Supervisor First and Last Name (Please Print):			
I hereby certify, that to the best of my knowledge, the inform supervisor of the applicant (as named on page 1 of this docu		Supervisor's In	itials:



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JOB TASKS (65)	DECLA	RVISOR RATION ONSE
Prepares worksite	☐ Yes	☐ No
Plans job tasks and procedures	☐ Yes	☐ No
Accesses work area		
Climbs poles and steel lattice structures	☐ Yes	☐ No
Uses access equipment	☐ Yes	☐ No
Uses on- and off-road equipment	☐ Yes	☐ No
Uses live-line methods		
Uses cover up	☐ Yes	☐ No
Uses rubber gloves	☐ Yes	☐ No
Uses bare-hand methods (Not Common Core)	☐ Yes	☐ No
Uses fibreglass reinforced plastic (FRP) tools (hot sticks)	☐ Yes	☐ No
Uses communication and mentoring techniques		
Uses communication techniques	☐ Yes	□ No
Uses mentoring techniques	☐ Yes	☐ No
INSTALLS STRUCTURES		
Installs pole structures		
Frames pole structures	☐ Yes	☐ No
Sets pole structures	☐ Yes	☐ No
Installs pole structure guys and anchors	☐ Yes	☐ No
Installs steel lattice structures		
Assembles steel lattice structures	☐ Yes	☐ No
Erects steel lattice structures	Yes	□ No
Installs steel lattice structure guy wires and anchors	☐ Yes	□ 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 In	itials:



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JOB TASKS (65)		SUPERVISOR DECLARATION RESPONSE	
INSTALLS CONDUCTOR SYSTEMS			
Installs overhead conductors and cables			
Strings overhead conductors and cables	☐ Yes	☐ No	
Sags overhead conductors and cables	☐ Yes	☐ No	
Ties-in overhead conductors and cables	☐ Yes	☐ No	
Installs splices and connections to overhead conductors and cables	☐ Yes	☐ No	
Installs underground and underwater cable			
Installs conduit and cable	☐ Yes	☐ No	
Places direct buried cable	Yes	☐ No	
Splices underground and underwater cable	☐ Yes	 ☐ No	
Terminates underground and underwater cable	☐ Yes	 □ No	
INSTALLS AUXILIARY EQUIPMENT			
Installs lighting systems			
Installs street lights	Yes	□ No	
Maintains street lights	Yes	□ No	
Installs voltage control equipment			
Installs transformers	Yes	□ No	
Installs capacitors	Yes	□ No	
Installs voltage regulators	Yes	□ No	
Installs switches	Yes	□ No	
Installs reactors (Not Common Core)	Yes		
Installs protection equipment			
Installs reclosers	☐ Yes	☐ No	
Supervisor must enter name and initials on every page of this form		1	
Supervisor First and Last Name (Please Print):			
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JOB TASKS (65)		SUPERVISOR DECLARATION RESPONSE	
Installs sectionalizers	☐ Yes	☐ No	
Installs fuses	☐ Yes	☐ No	
Installs lightning arrestors	☐ Yes	☐ No	
Installs metering equipment			
Installs primary metering equipment	☐ Yes	☐ No	
Installs secondary metering equipment	☐ Yes	☐ No	
Installs communication devices			
Installs cellular antennas	Yes	☐ No	
Transfers communication lines	☐ Yes	☐ No	
PERFORMS OPERATION, MAINTENANCE AND REPAIR			
Operates distribution and transmission systems			
Operates transmission systems	☐ Yes	☐ No	
Operates distribution systems	☐ Yes	☐ No	
Performs station switching	☐ Yes	☐ No	
Maintains distribution and transmission systems			
Inspects distribution and transmission systems	Yes	☐ No	
Maintains pole structures	☐ Yes	☐ No	
Maintains steel lattice structures	☐ Yes	☐ No	
Maintains system components	Yes	☐ No	
Trims trees	Yes	☐ No	
Repairs distribution systems			
Troubleshoots overhead distribution systems	Yes	☐ No	
Troubleshoots underground and underwater distribution systems	Yes	No	
Supervisor must enter name and initials on every page of this form			
Supervisor First and Last Name (Please Print):			
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Repairs overhead distribution systems Repairs underground and underwater distribution systems Repairs transmission systems Troubleshoots overhead transmission systems Troubleshoots underground and underwater transmission systems Repairs overhead transmission systems Repairs underground and underwater transmission systems	DECLA	RVISOR RATION PONSE No
Repairs underground and underwater distribution systems Repairs transmission systems Troubleshoots overhead transmission systems Troubleshoots underground and underwater transmission systems Repairs overhead transmission systems	☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No
Repairs transmission systems Troubleshoots overhead transmission systems Troubleshoots underground and underwater transmission systems Repairs overhead transmission systems	☐ Yes	No
Troubleshoots overhead transmission systems Troubleshoots underground and underwater transmission systems Repairs overhead transmission systems	☐ Yes	
Troubleshoots underground and underwater transmission systems Repairs overhead transmission systems	☐ Yes	
Repairs overhead transmission systems		
	☐ Yes	☐ No
Repairs underground and underwater transmission systems		☐ No
	☐ Yes	□ No
ollection and protection of personal information on this form is in accordance with the provisions of totection of Privacy Act.)	Trought of finolity	
Supervisor Signature:	Date Signed: (M	M/DD/YYYY
opervisor must enter name and initials on every page of this form		
marriage First and Last Name (Dlassa Drint).		
pervisor First and Last Name (Please Print):		