REFRIGERATION AND AIR CONDITIONING MECHANIC

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.

"Refrigeration and Air Conditioning Mechanics" install, maintain and service residential, commercial, industrial and institutional heating, ventilation, air conditioning and refrigeration units and systems. They also connect to air delivery systems, install and service hydronic and secondary refrigerant systems and associated controls.
Their duties include laying out reference points for installation, assembling and installing components, installing wiring to connect components to an electric power supply and calibrating related controls. They also measure, cut, bend, thread and connect pipes to functional components and utilities.
They maintain and service systems by inspecting and testing components, brazing and soldering parts to repair defective joints, adjusting and replacing worn or defective components and reassembling repaired components and systems. As part of service and commissioning, refrigeration and air conditioning mechanics start-up, test, charge, adjust, calibrate, balance, measure, verify, maintain and document systems.

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

- worked a minimum of **9,315 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 Canadian **military certificate** in **Refrigeration and Mechanical Technician (MT #301 / MT #641), 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:

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 **Refrigeration and Air Conditioning Mechanic** 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) ☐ English ☐ 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 (61)	SUPERVISOR DECLARATION RESPONSE	
PERFORMS COMMON OCCUPATIONAL SKILLS		
Performs safety-related functions		
Maintains safe work environment	☐ Yes	☐ No
Performs lock-out, tagout and isolation procedures	☐ Yes	☐ No
Uses personal protective equipment (PPE) and safety equipment	☐ Yes	☐ No
Uses tools and equipment		
Uses hand tools	☐ Yes	☐ No
Uses portable and stationary power tools	☐ Yes	☐ No
Uses brazing and soldering equipment	☐ Yes	☐ No
Uses recovery and recycling tools and equipment	☐ Yes	☐ No
Uses evacuation tools and equipment	☐ Yes	☐ No
Uses charging tools and equipment	☐ 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 Initials:

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JOB TASKS (61)	SUPERVISOR DECLARATION RESPONSE	
Uses diagnostic and measuring tools and equipment	☐ Yes	☐ No
Uses access equipment	☐ Yes	☐ No
Uses rigging, hoisting and lifting equipment	☐ Yes	☐ No
Uses digital technology	☐ Yes	☐ No
Organizes work		
Interprets drawings and specifications	☐ Yes	☐ No
Uses documentation and reference material	☐ Yes	☐ No
Plans job tasks and procedures	☐ Yes	☐ No
Uses communication and mentoring techniques		
Uses communication techniques	☐ Yes	☐ No
Uses mentoring techniques	☐ Yes	☐ No
PERFORMS ROUTINE TRADE ACTIVITIES		
Performs work site preparation		
Prepares work site	☐ Yes	☐ No
Handles materials and supplies	☐ Yes	☐ No
Performs trade activities		
Performs trade activities	☐ Yes	☐ No
Performs leak and pressure tests on system	☐ Yes	☐ No
Evacuates systems	☐ Yes	☐ No
Uses refrigerants, gases and oils	☐ Yes	☐ No
Performs field wiring of systems	☐ Yes	☐ No
Applies sealants and adhesives	☐ Yes	☐ No

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JOB TASKS (61)	SUPERVISOR DECLARATION RESPONSE	
PLANS INSTALLATION		
Plans installation of HVAC/R systems		
Verifies HVAC/R system parameters and requirements	☐ Yes	☐ No
Selects HVAC/R equipment, components and accessories	☐ Yes	☐ No
Determines placement of HVAC/R equipment, components and accessories	☐ Yes	☐ No
Performs HVAC/R material take-off	☐ Yes	☐ No
Plans installation of control systems		
Verifies control system parameters and requirements	☐ Yes	☐ No
Selects control system components and accessories	☐ Yes	☐ No
Determines placement of control system components and accessories	☐ Yes	☐ No
Performs control system material take-off	☐ Yes	☐ No
PERFORMS INSTALLATION		
Installs HVAC/R systems		
Confirms system layout	☐ Yes	☐ No
Assembles HVAC/R equipment, components and accessories	☐ Yes	☐ No
Places HVAC/R equipment, components and accessories	☐ Yes	☐ No
Installs fasteners, brackets and hangers	☐ Yes	☐ No
Installs HVAC/R piping and tubing	☐ Yes	☐ No
Applies HVAC/R holding charge	☐ Yes	☐ No
Installs control systems		
Places control system components	☐ Yes	☐ No
Connects control systems	☐ Yes	☐ No

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JOB TASKS (61)	SUPERVISOR DECLARATION RESPONSE	
PERFORMS COMMISSIONING		
Commissions HVAC/R systems		
Performs pre-start-up checks for HVAC/R systems	☐ Yes	☐ No
Performs start-up of HVAC/R systems	☐ Yes	☐ No
Completes HVAC/R system charge	☐ Yes	☐ No
Sets up primary and secondary HVAC/R system components	☐ Yes	☐ No
Commissions control systems		
Performs pre-start-up checks for HVAC/R systems	☐ Yes	☐ No
Performs start-up of HVAC/R systems	☐ Yes	☐ No
Completes HVAC/R system charge	☐ Yes	☐ No
Sets up primary and secondary HVAC/R system components	☐ Yes	☐ No
Commissions control systems		
Performs start-up checks for control systems	☐ Yes	☐ No
Verifies/sets operating parameters	☐ Yes	☐ No
PERFORMS MAINTENANCE AND SERVICE		
Maintains HVAC/R systems		
Inspects HVAC/R systems	☐ Yes	☐ No
Performs predictive and scheduled maintenance on HVAC/R systems	☐ Yes	☐ No
Tests HVAC/R system components and accessories	☐ Yes	☐ No
Services HVAC/R systems		
Troubleshoots HVAC/R systems	☐ Yes	☐ No
Repairs HVAC/R systems	☐ Yes	☐ No

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JOB TASKS (61)	SUPERVISOR DECLARATION RESPONSE	
Maintains and services control systems		
Performs maintenance and inspection on control systems	☐ Yes	☐ No
Troubleshoots control systems	☐ Yes	☐ No
Calibrates operating and safety controls	☐ Yes	☐ No
Repairs control systems	☐ Yes	☐ 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)

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: