SHEET METAL WORKER
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.

"Sheet Metal Worker" means a person who lays out, fabricates, assembles, welds, installs, and services the following: ducting, spouting, fittings, cabinets, gutters, copings, flashings, supporting devices, wall systems, building envelope, ornamental work and integral equipment associated with the blowpipe, air pollution, heating, ventilating, air-conditioning, metal roofing, restaurant, kitchen, marine installations and hospital equipment fields.

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

- worked a minimum of **9,360 hours** performing the tasks listed in Section D, 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 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 **Sheet Metal Worker** 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 (77)	SUPERVISOR DECLARATION RESPONSE	
PERFORMS COMMON OCCUPATIONAL SKILLS		
Performs safety-related functions		
Uses personal protective equipment (PPE) and safety equipment	☐ Yes	☐ No
Maintains safe work environment	☐ Yes	☐ No
Performs lock-out and tag-out procedures	☐ Yes	☐ No
Uses and maintains tools and equipment		
Uses hand and portable power tools	☐ Yes	☐ No
Uses shop tools and equipment	☐ Yes	☐ No
Uses gas metal arc welding (GMAW) equipment	☐ Yes	☐ No
Uses resistance spot welding equipment	☐ Yes	☐ No
Uses gas tungsten arc welding (GTAW) equipment	☐ Yes	☐ No
Uses shielded metal arc welding (SMAW) equipment	☐ Yes	☐ No
Uses oxy-fuel and plasma arc cutting equipment	☐ Yes	☐ No
Uses soldering and brazing 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 (77)	SUPERVISOR DECLARATION RESPONSE	
Uses measuring and layout equipment	☐ Yes	☐ No
Uses testing and inspection devices	☐ Yes	☐ No
Uses stationary and mobile work platforms	☐ Yes	☐ No
Uses hoisting, rigging and positioning equipment	☐ Yes	☐ No
Organizes work		
Uses trade-related documentation	☐ Yes	☐ No
Interprets drawings	☐ Yes	☐ No
Organizes materials and equipment for project	☐ Yes	☐ No
Performs basic design and field modifications	☐ Yes	☐ No
Uses communication and mentoring techniques		
Uses communication techniques	☐ Yes	☐ No
Uses mentoring techniques	☐ Yes	☐ No
PERFORMS FABRICATION		
Performs pattern development		
Develops patterns using simple and straight-line layout	☐ Yes	☐ No
Develops patterns using parallel line method	☐ Yes	☐ No
Develops patterns using radial line method	☐ Yes	☐ No
Develops patterns using triangulation method	☐ Yes	☐ No
Uses computer technology for pattern development	☐ Yes	☐ No
Fabricates sheet metal components for air and material handling systems		
Cuts ductwork, fittings and components	☐ Yes	☐ No
Forms ductwork, fittings and components	☐ Yes	☐ No
Insulates ductwork, fittings and components	☐ Yes	☐ No
Assembles ductwork, fittings and components	☐ Yes	☐ No
Fabricates dampers	☐ Yes	☐ No

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JOB TASKS (77)	SUPERVISOR DECLARATION RESPONSE	
Fabricates hanger systems, supports and bases	☐ Yes	☐ No
Fabricates flashing, roofing, sheeting and cladding		
Cuts metal for flashing, roofing, sheeting and cladding	☐ Yes	☐ No
Forms flashing, roofing, sheeting and cladding	☐ Yes	☐ No
Fabricates specialty products		
Cuts material for specialty products	☐ Yes	☐ No
Forms specialty products	☐ Yes	☐ No
Assembles specialty products	☐ Yes	☐ No
Finishes specialty products	☐ Yes	☐ No
INSTALLS AIR AND MATERIAL HANDLING SYSTEMS		
Prepares installation site		
Performs on-site measurements	☐ Yes	☐ No
Performs demolitions for renovations	☐ Yes	☐ No
Installs penetrations and sleeves	☐ Yes	☐ No
Installs supports and bases	☐ Yes	☐ No
Installs hangers, cables, braces and brackets	☐ Yes	☐ No
Installs and connects chimneys, breeching and venting to exhaust appliances and mechanical equipment		
Installs chimney	☐ Yes	☐ No
Connects appliances or mechanical equipment to chimney and breeching	☐ Yes	☐ No
Installs high efficiency appliances and mechanical equipment	☐ Yes	☐ No
Installs air handling system components		
Installs air handling equipment	☐ Yes	☐ No
Installs sheet metal ducts and fittings	☐ Yes	☐ No
Installs dampers	☐ Yes	☐ No
Installs fire and fire/smoke dampers	☐ Yes	☐ No

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JOB TASKS (77)	SUPERVISOR DECLARATION RESPONSE	
Installs registers, grilles, diffusers and louvers	☐ Yes	☐ No
Installs terminal boxes	☐ Yes	☐ No
Installs coils	☐ Yes	☐ No
Installs system component accessories	☐ Yes	☐ No
Installs plenums	☐ Yes	☐ No
Installs material handling system components		
Installs pneumatic and gravity material handling system components	☐ Yes	☐ No
Installs mechanized material handling system components	☐ Yes	☐ No
Applies thermal insulation, lagging, cladding and flashing		
Applies thermal insulation to components	☐ Yes	☐ No
Applies lagging and cladding to components	☐ Yes	☐ No
Applies flashing to components	☐ Yes	☐ No
Performs leak testing, air balancing and commissioning		
Performs leak tests	☐ Yes	☐ No
Performs testing, adjusting and balancing (TAB)	☐ Yes	☐ No
Participates in the commissioning of air and material handling systems	☐ Yes	☐ No
INSTALLS ROOFING AND SPECIALTY PRODUCTS		
Installs metal roofing and cladding/siding systems		
Lays out roof and walls	☐ Yes	☐ No
Installs insulation, isolation material and building envelope components	☐ Yes	☐ No
Installs roofing and cladding/siding system components	☐ Yes	☐ No
Seals exposed joints.	☐ Yes	☐ No
Installs decking	☐ Yes	☐ No
Installs exterior components		
Prepares surface	☐ Yes	☐ No

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JOB TASKS (77)	SUPERVISOR DECLARATION RESPONSE	
Fastens exterior components	☐ Yes	☐ No
Installs specialty products		
Installs stainless steel specialty products.	☐ Yes	☐ No
Installs non-stainless steel specialty products	☐ Yes	☐ No
Installs marine products (Not Common Core)	☐ Yes	☐ No
PERFORMS MAINTENANCE AND REPAIR		
Performs scheduled maintenance		
Performs maintenance inspections	☐ Yes	☐ No
Services components	☐ Yes	☐ No
Repairs faulty systems and components		
Diagnoses system faults	☐ Yes	☐ No
Repairs worn or faulty components	☐ 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)

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