GASFITTER – CLASS B

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.

"Gasfitters – Class B" design, install, test, adjust, maintain and repair lines, appliances, equipment and accessories in various sectors. Fuels may include natural gas, manufactured gas, liquefied petroleum gas, digester gas, landfill gas, biogas or a mixture or dilution of any of these gases and Hydrogen. Appliances and equipment include those that do not exceed 400 000 Btuh (British Thermal Units per hour) or 120 kW (kilowatts) such as boilers, burners, makeup air units, furnaces, process burners, and various other gas-fired equipment.

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

- worked a minimum of **4,500 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 **Gasfitter – Class B** 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 (50)	SUPERVISOR DECLARATION RESPONSE	
COMMON OCCUPATIONAL SKILLS		
Performs safety-related functions		
Uses personal protective equipment (PPE) and safety equipment	☐ Yes	☐ No
Maintains safe work environment	☐ Yes	☐ No
Maintains and uses tools and equipment		
Maintains hand, power and powder-actuated tools	☐ Yes	☐ No
Uses technical instruments and testers	☐ Yes	☐ No
Uses access equipment	☐ Yes	☐ No
Operates lifting, rigging and hoisting equipment	☐ Yes	☐ No
Plans and prepares for installation, service and maintenance		
Interprets drawings and codes	☐ Yes	☐ No
Selects systems, equipment and components	☐ Yes	☐ No
Organizes work	☐ 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 (50)	SUPERVISOR DECLARATION RESPONSE	
GAS PIPING PREPARATION AND ASSEMBLY		
Fits tube and tubing for gas piping systems		
Prepares tube and tubing for fitting	☐ Yes	☐ No
Bends tube and tubing for gas piping systems	☐ Yes	☐ No
Connects tube and tubing for gas piping systems	☐ Yes	☐ No
Fits plastic pipe for gas piping systems		
Prepares plastic pipe for fitting	☐ Yes	☐ No
Connects plastic pipe for gas piping systems	☐ Yes	☐ No
Fits steel pipe for gas piping systems Sub-tasks		
Prepares steel pipe for fitting	☐ Yes	☐ No
Connects steel pipe for gas piping systems	☐ Yes	☐ No
VENTING AND AIR SUPPLY SYSTEMS		
Installs venting		
Lays out venting	☐ Yes	☐ No
Prepares venting material for assembly	☐ Yes	☐ No
Connects material for venting	☐ Yes	☐ No
Installs air supply system		
Lays out air supply system	☐ Yes	☐ No
Connects air supply systems	☐ Yes	☐ No
Installs draft control systems		
Installs natural draft control systems	☐ Yes	☐ No
Installs mechanical draft control systems	☐ Yes	☐ No
CONTROLS AND ELECTRICAL SYSTEMS		
Selects and installs electronic components		
Performs selection and installation of combustion controls	☐ Yes	☐ No

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JOB TASKS (50)	SUPERVISOR DECLARATION RESPONSE	
Performs selection and installation of flame safeguards	☐ Yes	☐ No
Performs selection and installation of safety and operating controls	☐ Yes	☐ No
Selects and installs electrical components		
Selects electrical components	☐ Yes	☐ No
Performs assembly and connection of electrical components	☐ Yes	☐ No
Installs automation and instrumentation control systems		
Performs selection of automation and instrumentation control systems	☐ Yes	☐ No
Performs assembly and connection of automation and instrumentation control systems	☐ Yes	☐ No
INSTALLATION OF SYSTEMS AND EQUIPMENT		
Installs gas-fired system piping and equipment		
Installs gas-fired equipment	☐ Yes	☐ No
Installs gas piping systems	☐ Yes	☐ No
Connects gas supply to equipment	☐ Yes	☐ No
Connects equipment to energy distribution systems	☐ Yes	☐ No
Installs gas-fired system components		
Installs valve trains	☐ Yes	☐ No
Installs accessories	☐ Yes	☐ No
Installs propane storage and handling systems		
Installs propane storage systems	☐ Yes	☐ No
Installs propane handling systems	☐ Yes	☐ No
TESTING AND COMMISSIONING OF GAS FIRED SYSTEMS		
Tests gas-fired systems		
Tests gas piping systems	☐ Yes	☐ No
Performs start-up procedures	☐ Yes	☐ No

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JOB TASKS (50)	SUPERVISOR DECLARATION RESPONSE	
Commissions gas-fired systems		
Performs testing, adjusting and balancing procedures	☐ Yes	☐ No
Completes commissioning report and handover	☐ Yes	☐ No
SERVICING GAS FIRED SYSTEMS		
Maintains gas-fired systems		
Inspects system components and operation	☐ Yes	☐ No
Performs maintenance activities	☐ Yes	☐ No
Repairs gas-fired systems		
Diagnoses gas-fired equipment and components	☐ Yes	☐ No
Selects replacement components	☐ Yes	☐ No
Replaces components	☐ Yes	☐ No
Verifies operation	☐ Yes	☐ No
Decommissions gas-fired systems		
Disconnects appliances and accessories	☐ Yes	☐ No
Removes gas-fired systems and 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)

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: