

EMPLO<mark>YER DECLAR</mark>ATION 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.

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: | | |
|---|----------|------------------------|
| Mailing Address: | | 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 (M From: | Total Number Hours of Gasfitter – Class B Experience Accumulated in that 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.

| Firs | t and Last Name of Applicant's Direct Supervis | sor: | | Supervisor Position or Title: |
|----------|--|------|----------------------|-------------------------------|
| Sup (| ervisor's Phone Number:) | | | Supervisor E-Mail Address: |
| Lan | guage(s) that the employer/supervisor can con | nmu | nicate: (check all t | hat apply) |
| | English | | Other (please speci | fy): |

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 | | |
| Task-1 Performs safety-related functions | | |
| Uses personal protective equipment (PPE) and safety equipment | Yes | 🗌 No |
| Maintains safe work environment | Yes | 🗌 No |
| Task-2 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 |
| Task-3 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 |
| GAS PIPING PREPARATION AND ASSEMBLY | | |
| Task-4 Fits tube and tubing for gas piping systems | | |
| Prepares tube and tubing for fitting | Yes | 🗌 No |

Enter the supervisor and applicant names (repeat on every page of this form)

Supervisor First and Last Name:

Applicant First and Last Name:



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| JOB TASKS (50) | DECLA | RVISOR RATION PONSE |
|--|-------|---------------------------|
| Bends tube and tubing for gas piping systems | Yes | 🗌 No |
| Connects tube and tubing for gas piping systems | Yes | 🗌 No |
| Task-5 Fits plastic pipe for gas piping systems | | |
| Prepares plastic pipe for fitting | Yes | 🗌 No |
| Connects plastic pipe for gas piping systems | Yes | 🗌 No |
| Task-6 Fits steel pipe for gas piping systems | | |
| Prepares steel pipe for fitting | Yes | 🗌 No |
| Connects steel pipe for gas piping systems | Yes | 🗌 No |
| VENTING AND AIR SUPPLY SYSTEMS | | |
| Task-7 Installs venting | | |
| Lays out venting | Yes | 🗌 No |
| Prepares venting material for assembly | Yes | 🗌 No |
| Connects material for venting | Yes | 🗌 No |
| Task-8 Installs air supply system | | |
| Lays out air supply system | Yes | 🗌 No |
| Connects air supply systems | Yes | 🗌 No |
| Task-9 Installs draft control systems | | |
| Installs natural draft control systems | Yes | 🗌 No |
| Installs mechanical draft control systems | Yes | 🗌 No |
| CONTROLS AND ELECTRICAL SYSTEMS | | |
| Task-10 Selects and installs electronic components | | |
| Performs selection and installation of combustion controls | Yes | 🗌 No |
| Performs selection and installation of flame safeguards | Yes | 🗌 No |
| Performs selection and installation of safety and operating controls | Yes | 🗌 No |
| Task-11 Selects and installs electrical components | | |
| Selects electrical components | Yes | 🗌 No |
| Performs assembly and connection of electrical components | Yes | 🗌 No |

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Applicant First and Last Name:



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| JOB TASKS (50) | SUPERVISOR DECLARATION RESPONSE | |
|--|---------------------------------------|------|
| Task-12 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 | | |
| Task-13 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 |
| Task-14 Installs gas-fired system components | | |
| Installs valve trains | Yes | 🗌 No |
| Installs accessories | Yes | 🗌 No |
| Task-15 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 | | |
| Task-16 Tests gas-fired systems | | |
| Tests gas piping systems | Yes | 🗌 No |
| Performs start-up procedures | Yes | 🗌 No |
| Task-17 Commissions gas-fired systems | | |
| Performs testing, adjusting and balancing procedures | Yes | 🗌 No |
| Completes commissioning report and handover | Yes | 🗌 No |
| SERVICING GAS FIRED SYSTEMS | | |
| Task-18 Maintains gas-fired systems | | |
| Inspects system components and operation | Yes | 🗌 No |
| Performs maintenance activities | Yes | 🗌 No |
| Task-19 Repairs gas-fired systems | | |

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Applicant First and Last Name:



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| JOB TASKS (50) | SUPERVISOR DECLARATION RESPONSE | |
|--|---------------------------------------|------|
| Diagnoses gas-fired equipment and components | Yes | 🗌 No |
| Selects replacement components | Yes | 🗌 No |
| Replaces components | Yes | 🗌 No |
| Verifies operation | Yes | 🗌 No |
| Task-20 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 name (Please Print): | Supervisor Signature: | Date Signed: (MM/DD/YYYY) |
|---------------------------------|-----------------------|---------------------------|
| | | |
| | | |

Enter the supervisor and applicant names (repeat on every page of this form)

| Supervisor First and Last Name: | Applicant First and Last Name: |
|---------------------------------|--------------------------------|
| | |