



**GASFITTER CLASS A  
EMPLOYER DECLARATION  
OF WORK EXPERIENCE**

**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)	
<input type="checkbox"/> English <input type="checkbox"/> 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 (48)	SUPERVISOR DECLARATION RESPONSE	
<b>COMMON OCCUPATIONAL SKILLS</b>		
<b>Performs Safety-Related Functions</b>		
Uses personal protective equipment (PPE) and safety equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains safe work environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Maintains And Uses Tools And Equipment</b>		
Maintains hand, power and powder-actuated tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses technical instruments and testers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses access equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Operates lifting, rigging and hoisting equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Plans And Prepares For Installation, Service And Maintenance</b>		
Interprets drawings and codes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Selects systems, equipment and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Organizes work	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 (48)	SUPERVISOR DECLARATION RESPONSE	
<b>GAS PIPING PREPARATION AND ASSEMBLY</b>		
<b>Fits Tube And Tubing For Gas Piping Systems</b>		
Prepares tube and tubing for fitting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bends tube and tubing for gas piping systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Connects tube and tubing for gas piping systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Fits Plastic Pipe For Gas Piping Systems</b>		
Prepares plastic pipe for fitting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Connects plastic pipe for gas piping systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Fits Steel Pipe For Gas Piping Systems</b>		
Prepares steel pipe for fitting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Connects plastic pipe for gas piping systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>VENTING AND AIR SUPPLY SYSTEMS</b>		
<b>Installs Venting</b>		
Lays out venting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepares venting material for assembly	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Connects material for venting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Installs Air supply Systems</b>		
Lays out air supply systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Connects air supply systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Installs Draft Controls Systems</b>		
Installs natural draft control systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs mechanical draft control systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>CONTROL AND ELECTRICAL SYSTEMS</b>		
<b>Selects And Installs Electronic Components</b>		
Performs selection and installation of combustion controls	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (48)	SUPERVISOR DECLARATION RESPONSE	
Performs selection and installation of flame safeguards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs selection and installation of safety and operating controls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Selects And Installs Electrical Components</b>		
Selects electrical components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs assembly and connection of electrical components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>INSTALLATION OF SYSTEMS AND EQUIPMENT</b>		
<b>Installs Gas-Fired Systems Piping And Equipment</b>		
Installs gas-fired equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs gas piping systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Connects gas supply to equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Connects equipment to energy distribution systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Installs Gas-Fired Systems Components</b>		
Installs valve trains	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs accessories	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Installs Propane Storage And Handling Systems</b>		
Installs propane storage systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs propane-handling systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>TESTING AND COMMISSIONING OF GAS-FIRED SYSTEMS</b>		
<b>Tests Gas-Fired Systems</b>		
Tests gas piping systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs start-up procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Commissions Gas-Fired Systems</b>		
Performs testing, adjusting and balancing procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (48)	SUPERVISOR DECLARATION RESPONSE	
Completes commissioning report and handover	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>SERVICING GAS-FIRED SYSTEMS</b>		
<b>Maintains Gas-Fired Systems</b>		
Inspects system components and operation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs maintenance activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Repairs Gas-Fired Systems</b>		
Diagnoses gas-fired equipment and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Selects replacement components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Replaces components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Verifies operation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Decommissions Gas-Fired Systems</b>		
Disconnects appliances and accessories	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Removes gas-fired systems and components	<input type="checkbox"/> Yes	<input type="checkbox"/> 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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Supervisor First and Last Name (Please Print):	
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