

## REQUEST FOR RECOMMENDATION FOR CERTIFICATION WELDER TRAINING PROGRAMS

**Please print clearly and return to the address or fax above.**

*This form is used by sponsor of Welder to request certification of an apprentice who has completed all work-based training hours and program requirements.*

### INSTRUCTIONS:

If certification is recommended for the apprentice named below, complete and return Section 1 on this page and Section 2 on the following page to SkilledTradesBC Customer Service. Please note that trade signoff must be provided by a Journeyperson certified as a Welder at a level the same or higher than the apprentice. If certification is not recommended, complete and return Sections 3 and 4 on the following page.

### Sponsor Information

|                          |                                       |  |  |
|--------------------------|---------------------------------------|--|--|
| Name of Organization:    |                                       | Organization ID # (if already registered):             |  |
| Suite Number:            | Mailing Address:                      |  |  |
| City:                    | Province:                             | Postal Code:   |  |
| Email Address:           | Phone Number and Extension:<br>(    ) | Fax Number:<br>(    )                                  |  |
| Name of Primary Contact: | Date of Birth (MM/DD/YYYY):           | SkilledTradesBC Individual ID (if already registered): |  |

### Section 1: Recommendation for Certification by Sponsor and Certified Tradesperson

### Apprentice Information

|  |   |                  |  |
|--|---|------------------|--|
| SkilledTradesBC Individual ID:(leave blank for new registration) | Program (Trade):<br><i>check one</i><br><input type="checkbox"/> <b>Welder Apprenticeship</b> <input type="checkbox"/> <b>Multi-Process Alloy Welding Endorsement</b> |                  |  |
| Legal First Name:  | Legal Middle Name (s):  | Legal Last Name: |  |
| Date of Birth (MM/DD/YYYY):                                      | Gender: <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer                 |                  |  |
| Suite Number:  | Mailing Address:  |                  |  |
| City:  | Province:   | Postal Code:     |  |
| Phone Number:<br>(    )  | Secondary Phone Number:<br>(    )   | Email Address    |  |

**REQUEST FOR  
RECOMMENDATION FOR CERTIFICATION  
WELDER TRAINING PROGRAMS**

**Please print clearly and return to the address or fax above.**

1. I/We hereby confirm that the Welder Logbook has been examined for the above named apprentice and confirm that she/he has completed all of the required competency areas for this program.
2. I/We hereby confirm that these competency areas have been signed-off in the logbook by a qualified individual/individuals.
3. I/We hereby confirm that the apprentice named above is working at the competency level of a certified tradesperson and recommend certification.

\_\_\_\_\_  
Sponsor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of certified Welder

\_\_\_\_\_  
Name (please print) of certified Welder

\_\_\_\_\_  
SkilledTradesBC  
Welder Certificate #

\_\_\_\_\_  
Date

**REQUEST FOR  
RECOMMENDATION FOR CERTIFICATION  
WELDER TRAINING PROGRAMS**

**Please print clearly and return to the address or fax above.**

**SECTION 2: Trainee/Apprentice Acknowledgement**

The decision of my sponsor has been discussed with me.

Apprentice Signature: \_\_\_\_\_  
SkilledTradesBC  
Individual ID: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION 3: Certification Not Recommended By Sponsor**

**RATIONALE:**

If you do not recommend certification for the apprentice please indicate the reason(s) below and provide a date on which SkilledTradesBC should send a request for recommendation for certification again. Signature of an authorized representative of the sponsor is also required.

|  |
|--|
|  |
|  |
|  |

Date for SkilledTradesBC to re-send Request for Recommendation for Certification: \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_  
SkilledTradesBC  
Individual ID: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION 4: Trainee/Apprentice Acknowledgement**

The decision of my sponsor has been discussed with me.

Apprentice Signature: \_\_\_\_\_  
SkilledTradesBC  
Individual ID: \_\_\_\_\_

Date: \_\_\_\_\_