INDUSTRIAL MECHANIC (MILLWRIGHT)

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 or Supervision and Sign-Off Authority.

"Industrial Mechanic (Millwright)" means a person who dismantles, moves, installs, lays out, sets-up, repairs, commissions, overhauls and maintains all machinery and heavy mechanical equipment, including power transmissions, conveyors, hoists, pumps, compressors, alignment, fluid power and vibration analysis.

To qualify to challenge certification in this trade or be granted authority to supervise and sign-off on apprentices in this trade, individuals must have:

- worked a minimum of **9,540 hours** performing the tasks listed in Section D, and
- experience performing at least **70**% of the job tasks listed in Section D.

Holders of a Canadian **military certificate** in **Marine Engineer MT #367 / Marine Engineering Technician MT #313, QL5 or higher** will be eligible to challenge this certification by submitting an Exam Application Form along with a copy of the certificate.

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 **Industrial Mechanic (Millwright)** 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 (59)	SUPERVISOR DECLARATION RESPONSE	
Performs Safety Related Functions		
Uses codes, regulations and standards	☐ Yes	☐ No
Uses PPE and safety equipment	☐ Yes	☐ No
Maintains safe worksite	☐ Yes	☐ No
Performs lock-out, tag-out and zero-energy procedures	☐ Yes	☐ No
Uses Tools and Equipment		
Uses hand and portable power tools	☐ Yes	☐ No
Uses shop machines	☐ Yes	☐ No
Uses access equipment	☐ Yes	☐ No
Performs Routine Trade Activities		
Uses mathematics and science	☐ Yes	☐ No
Plans work	☐ Yes	☐ No
Lubricates systems and components	☐ Yes	☐ No
Performs leveling of components and systems	☐ Yes	☐ No
Uses fastening and retaining devices	☐ 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 (59)	SUPERVISOR DECLARATION RESPONSE	
Uses manufacturer, supplier and reference documentation	☐ Yes	☐ No
Performs material identification	☐ Yes	☐ No
Performs heat treatment of metal	☐ Yes	☐ No
Uses mechanical drawings and specifications	☐ Yes	☐ No
Uses Communication and Mentoring Techniques		
Uses communication techniques	☐ Yes	☐ No
Uses mentoring techniques	☐ Yes	☐ No
Performs Measuring and Layout of Work Piece		
Prepares work area, tools and equipment	☐ Yes	☐ No
Layouts and fabricates work piece	☐ Yes	☐ No
Performs Cutting and Welding Operations		
Cuts material with oxy-fuel and plasma arc cutting equipment	☐ Yes	☐ No
Welds material using shielded arc welding equipment (SMAW)	☐ Yes	☐ No
Welds material with gas metal arc welding equipment (GMAW)	☐ Yes	☐ No
Welds material with gas tungsten arc welding equipment (GTAW)	☐ Yes	☐ No
Perform Rigging, Hoisting/Lifting and Moving		
Selects and uses sling and rigging attachments	☐ Yes	☐ No
Selects and uses hoisting and lifting equipment	☐ Yes	☐ No
Creates a rigging plan	☐ Yes	☐ No
Services Shafts, Bearings and Seals		
Selects, installs and maintains shafts, bearings, and seals	☐ Yes	☐ No
Services Couplings, Clutches and Brakes		
Selects, installs and maintains couplings, clutches and brakes	☐ Yes	☐ No
Services Chain and Belt Drive Systems		
Selects, installs, and maintains chain drive systems and belt drive systems	☐ Yes	☐ No

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Supervisor First and Last Name (Please Print):	
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JOB TASKS (59)	SUPERVISOR DECLARATION RESPONSE	
Services Gear Systems		
Selects and installs gear systems	☐ Yes	☐ No
Diagnoses, maintains and repairs gear systems	☐ Yes	☐ No
Performs Shaft Alignment Procedures		
Performs rough alignment	☐ Yes	☐ No
Performs dial alignment procedures	☐ Yes	☐ No
Performs laser alignment	☐ Yes	☐ No
Services Fans and Blowers		
Selects, installs and maintains fans and blowers	☐ Yes	☐ No
Services Pumps		
Identifies and selects positive and non-positive displacement pumps	☐ Yes	☐ No
Installs, maintains and repairs positive and non-positive displacement pumps	☐ Yes	☐ No
Services Compressors		
Identifies and selects compressors	☐ Yes	☐ No
installs, maintains and repairs compressors	☐ Yes	☐ No
Services Piping, Tanks and Containers		
Selects, installs, and maintains piping, and process tanks and containers	☐ Yes	☐ No
Services Hydraulic Systems		
Identifies hydraulic components	☐ Yes	☐ No
Assembles hydraulic circuits	☐ Yes	☐ No
Maintains and repairs hydraulic systems	☐ Yes	☐ No
Services Pneumatic and Vacuum Systems		
Identifies pneumatic and vacuum components	☐ Yes	☐ No
Assembles pneumatic and vacuum circuits	☐ Yes	☐ No
Maintains and repairs pneumatic and vacuum systems	☐ Yes	☐ No

Supervisor must enter name and initials on every page of this form

Supervisor First and Last Name (Please Print):	
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JOB TASKS (59)	SUPERVISOR DECLARATION RESPONSE	
Services Conveying Systems		
Identifies conveying system components	☐ Yes	☐ No
Assembles conveying systems	☐ Yes	☐ No
Maintains and repairs conveying systems	☐ Yes	☐ No
Services Prime Movers		
Services electric motors	☐ Yes	☐ No
Services internal combustion engines	☐ Yes	☐ No
Services turbines	☐ Yes	☐ No
Performs Preventative and Predictive Maintenance		
Performs preventative and predictive maintenance activities	☐ Yes	☐ No
Performs vibration analysis procedures	☐ Yes	☐ No
Performs balancing procedures	☐ Yes	☐ No
Performs non-destructive evaluation (NDE) procedures	☐ Yes	☐ No
Performs Commissioning and Decommissioning of Equipment		
Commissions and decommissions systems and components	☐ Yes	☐ No
Services Robotics and Automated Equipment		
Services robotics and automated equipment	☐ 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: