

### 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.

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 **military certificate** in **Marine Engineer MT #367 / Marine Engineering Technician MT #313, QL5 or higher** will be eligible to challenge this certification.

#### 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 (MM/DD/YYYY):			Total Number Hours of <b>Industrial Mechanic (Millwright)</b> Experience Accumulated in that Period:		
	From:	To:			
	Job Title of Applicant:				

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

Supervisor First and Last Name:	Applicant First and Last Name:



#### EMPLOYER DECLARATION OF WORK EXPERIENCE

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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 Supervi	sor:		Supervisor Position or Title:
Sup (	ervisor's Phone Number: )			Supervisor E-Mail Address:
Lan	guage(s) that the employer/supervisor can co	mmu	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 (23)	Decla: Resp	
Perform Safety Related Functions Use codes, regulations and standards; Use PPE and safety equipment; maintain safe worksite; perform lock-out, tag-out and zero-energy procedures	Yes: No:	
<b>Use Tools and Equipment</b> Use hand and portable power tools; use shop machines; use access equipment	Yes: No:	
Perform Routine Trade Activities Use mathematics and science; plan work; lubricate systems and components; perform leveling of components and systems; use fastening and retaining devices; use manufacturer, supplier and reference documentation; perform material identification; perform heat treatment of metal; use mechanical drawings and specifications	Yes: No:	
Use Communication and Mentoring Techniques Use communication techniques; use mentoring techniques	Yes: No:	
Perform Measuring and Layout of Work Piece Prepare work area, tools and equipment; layout and fabricate work piece	Yes: No:	
Perform Cutting and Welding Operations Cut material with oxy-fuel and plasma arc cutting equipment; weld material using shielded arc welding equipment (SMAW); weld material with gas metal arc welding equipment (GMAW); weld material with gas tungsten arc welding equipment (GTAW)	Yes: No:	
Perform Rigging, Hoisting/Lifting and Moving Select and use sling and rigging attachments; select and use hoisting and lifting equipment; create a rigging plan	Yes: No:	
Service Shafts, Bearings and Seals Select, install and maintain shafts, bearings, and seals	Yes: No:	

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Job Tasks (23)		ration onse
Service Couplings, Clutches and Brakes	Yes:	
Select, install and maintain couplings, clutches and brakes	No:	
Service Chain and Belt Drive Systems	Yes:	
Select, install, and maintain chain drive systems and belt drive systems	No:	
Service Gear Systems	Yes:	
Select and install gear systems; diagnose, maintain and repair gear systems	No:	
Perform Shaft Alignment Procedures	Yes:	
Perform rough alignment; perform dial alignment procedures; perform laser alignment	No:	
Service Fans and Blowers	Yes:	
Select, install and maintain fans and blowers	No:	
Service Pumps	Yes:	
Identify and select positive and non-positive displacement pumps; Install, maintain and repair positive and non- positive displacement pumps	No:	
Service Compressors	Yes:	
Identify and select compressors; install, maintain and repair compressors	No:	
Service Piping, Tanks and Containers	Yes:	
Select, install, and maintain piping, and process tanks and containers	No:	
Service Hydraulic Systems	Yes:	
Identify hydraulic components; assemble hydraulic circuits; maintain and repair hydraulic systems	No:	
Service Pneumatic and Vacuum Systems	Yes:	
Identify pneumatic and vacuum components; assemble pneumatic and vacuum circuits; maintain and repair pneumatic and vacuum systems	No:	
Service Conveying Systems	Yes:	
Identify conveying system components; assemble conveying systems; maintain and repair conveying systems	No:	
Service Prime Movers	Yes:	
Service electric motors; service internal combustion engines; service turbines	No:	
Perform Preventative and Predictive Maintenance	Yes:	
Perform preventative and predictive maintenance activities; perform vibration analysis procedures; perform balancing procedures; perform non-destructive evaluation (NDE) procedures	No:	
Perform Commissioning and Decommissioning of Equipment	Yes:	
Commission and decommission systems and components	No:	
Service Robotics and Automated Equipment	Yes:	
Service robotics and automated equipment	No:	

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### E. Supervisor Signature

I certify that the information I, as the current or former direct supervisor of the applicant, have provided is 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: