

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.

- worked a minimum of **9,000 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D.

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
-------------------	-----------------------	------------------

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:	

Dates of Applicant's Employment (MM/DD/YYYY):	Total Number Hours of Instrumentation and Control Technician Experience Accumulated in Period:
From: To:	
Job Title of Applicant:	

INSTRUMENTATION AND CONTROL TECHNICIAN

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

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 (99)	SUPERVISOR DECLARATION RESPONSE	
Performs Safety-Related Functions		
Maintains safe work environment	☐ Yes	☐ No
Uses personal protective equipment (PPE) and safety equipment	☐ Yes	☐ No
Performs de-energizing, lock-out and tag-out procedures	☐ Yes	☐ No
Uses Tools And Equipment		
Uses calibration, configuration and test equipment	☐ Yes	☐ No
Uses hand and power tools	☐ Yes	☐ No
Uses access equipment	☐ Yes	☐ No
Uses rigging, hoisting and lifting equipment	☐ Yes	☐ No
Organizes Work		
Uses documentation	☐ Yes	☐ No
Interprets drawings and schematics	☐ Yes	☐ No
Plans tasks	☐ 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:

INSTRUMENTATION AND CONTROL TECHNICIAN

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

JOB TASKS (99)	SUPERVISOR DECLARATION RESPONSE	
Uses Communication And Mentoring Techniques		
Uses communication techniques	☐ Yes	☐ No
Uses mentoring techniques	☐ Yes	☐ No
Installs And Services Pressure, Temperature, Level And Flow Devices		
Installs pressure, temperature, level and flow devices	☐ Yes	☐ No
Maintains pressure, temperature, level and flow devices	☐ Yes	☐ No
Diagnoses pressure, temperature, level and flow devices	☐ Yes	☐ No
Repairs pressure, temperature, level and flow devices	☐ Yes	☐ No
Installs And Services Signal Transducers		
Performs installation and configuration of signal transducers	☐ Yes	☐ No
Diagnoses signal transducers	☐ Yes	☐ No
Performs maintenance and repairs on signal transducers	☐ Yes	☐ No
Installs And Services Motion, Speed, Position And Vibration Devices		
Installs motion, speed, position and vibration devices	☐ Yes	☐ No
Maintains motion, speed, position and vibration devices	☐ Yes	☐ No
Diagnoses motion, speed, position and vibration devices	☐ Yes	☐ No
Repairs motion, speed, position and vibration devices	☐ Yes	☐ No
Installs And Services Mass, Density And Consistency Devices		
Installs mass, density and consistency devices	☐ Yes	☐ No
Maintains mass, density and consistency devices	☐ Yes	☐ No
Diagnoses mass, density and consistency devices	☐ Yes	☐ No
Repairs mass, density and consistency devices	☐ Yes	☐ No
Installs And Services Process Analyzers		
Installs process analyzers	☐ Yes	☐ No
Maintains process analyzers	☐ 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:

INSTRUMENTATION AND CONTROL TECHNICIAN

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

JOB TASKS (99)	SUPERVISOR DECLARATION RESPONSE	
Diagnoses process analyzers	☐ Yes	☐ No
Repairs process analyzers	☐ Yes	☐ No
Installs And Services Multiple Variable Computing Devices		
Installs multiple variable computing devices	☐ Yes	☐ No
Maintains multiple variable computing devices	☐ Yes	☐ No
Diagnoses multiple variable computing devices	☐ Yes	☐ No
Repairs multiple variable computing devices	☐ Yes	☐ No
Installs And Services Safety Systems And Devices		
Installs safety systems and devices	☐ Yes	☐ No
Maintains safety systems and devices	☐ Yes	☐ No
Diagnoses safety systems and devices	☐ Yes	☐ No
Repairs safety systems and devices	☐ Yes	☐ No
Installs And Services Facility Security Systems		
Installs facility security systems	☐ Yes	☐ No
Maintains facility security systems	☐ Yes	☐ No
Diagnoses facility security systems	☐ Yes	☐ No
Repairs facility security systems	☐ Yes	☐ No
Installs And Services Safety Instrumented Systems (SIS)		
Installs SIS	☐ Yes	☐ No
Configures SIS	☐ Yes	☐ No
Maintains SIS	☐ Yes	☐ No
Diagnoses SIS	☐ Yes	☐ No
Repairs SIS	☐ Yes	☐ No
Installs And Services Control Devices For Hydraulic Systems		
Installs control devices for hydraulic systems	☐ 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:

INSTRUMENTATION AND CONTROL TECHNICIAN

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

JOB TASKS (99)	SUPERVISOR DECLARATION RESPONSE	
Diagnoses control devices for hydraulic systems	☐ Yes	☐ No
Performs maintenance and repairs on control devices for hydraulic systems	☐ Yes	☐ No
Installs And Services Pneumatic Equipment		
Installs pneumatic equipment	☐ Yes	☐ No
Diagnoses pneumatic equipment	☐ Yes	☐ No
Performs maintenance and repairs on pneumatic equipment	☐ Yes	☐ No
Installs And Services Electrical And Electronic Equipment		
Installs electrical and electronic equipment	☐ Yes	☐ No
Diagnoses electrical and electronic equipment	☐ Yes	☐ No
Performs maintenance and repairs for electrical and electronic equipment	☐ Yes	☐ No
Installs And Services Valves		
Installs valves	☐ Yes	☐ No
Maintains valves	☐ Yes	☐ No
Diagnoses valves	☐ Yes	☐ No
Repairs valves	☐ Yes	☐ No
Installs And Services Actuators		
Installs actuators	☐ Yes	☐ No
Maintains actuators	☐ Yes	☐ No
Diagnoses actuators	☐ Yes	☐ No
Repairs actuators	☐ Yes	☐ No
Installs And Services Positioners		
Installs positioners	☐ Yes	☐ No
Maintains positioners	☐ Yes	☐ No
Diagnoses positioners	☐ Yes	☐ No
Repairs positioners	☐ 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:

INSTRUMENTATION AND CONTROL TECHNICIAN

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

JOB TASKS (99)	SUPERVISOR DECLARATION RESPONSE	
Configures And Services Variable Speed Drives (VSD)		
Configures VSD	☐ Yes	☐ No
Maintains VSD	☐ Yes	☐ No
Diagnoses VSD	☐ Yes	☐ No
Repairs VSD	☐ Yes	☐ No
Installs And Services Control Network Systems		
Performs installation and configuration on control network systems	☐ Yes	☐ No
Diagnoses control network systems	☐ Yes	☐ No
Performs maintenance and repairs on control network systems	☐ Yes	☐ No
Installs And Services Signal Converters		
Performs installation and configuration of signal converters	☐ Yes	☐ No
Diagnoses signal converters	☐ Yes	☐ No
Performs maintenance and repairs on signal converters	☐ Yes	☐ No
Installs And Services Gateways, Bridges And Media Converters		
Performs installation and configuration of gateways, bridges and media converters	☐ Yes	☐ No
Diagnoses gateways, bridges and media converters	☐ Yes	☐ No
Performs maintenance and repairs on gateways, bridges and media converters	☐ Yes	☐ No
Establishes And Optimizes Process Control Strategies		
Determines process control strategy	☐ Yes	☐ No
Optimizes process control	☐ Yes	☐ No
Installs And Services Stand-Alone Controllers (SAC)		
Installs SAC	☐ Yes	☐ No
Configures SAC	☐ Yes	☐ No
Performs maintenance, diagnostics and repairs on SAC	☐ 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:

INSTRUMENTATION AND CONTROL TECHNICIAN

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

JOB TASKS (99)	SUPERVISOR DECLARATION RESPONSE	
Installs And Services Programmable Logic Controllers (PLC)		
Installs PLC	☐ Yes	☐ No
Configures PLC	☐ Yes	☐ No
Performs maintenance, diagnostics and repairs on PLC	☐ Yes	☐ No
Installs And Services Distributed Control Systems (DCS)		
Installs DCS	☐ Yes	☐ No
Configures DCS	☐ Yes	☐ No
Performs maintenance, diagnostics and repairs on DCS	☐ Yes	☐ No
Installs And Services Human Machine Interface (HMI)		
Installs HMI	☐ Yes	☐ No
Configures HMI	☐ Yes	☐ No
Performs maintenance, diagnostics and repairs on HMI	☐ Yes	☐ No
Installs And Services Supervisory Control And Data Acquisition (SCADA) Systems		
Installs SCADA systems	☐ Yes	☐ No
Configures SCADA systems	☐ Yes	☐ No
Performs maintenance, diagnostics and repairs on SCADA systems	☐ 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: