

MACHINIST 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 **9,495 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:
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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 Machinist 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:
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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)	
<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 (8)	Declaration Response
OCCUPATIONAL SKILLS Using tools and equipment; organizing work; processing material; and maintaining machines	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
BENCH WORK Performing hand processes; and refurbishing components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
DRILL PRESSES Setting up and operating drill presses.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
LATHES Setting up and operating manual lathes.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
MILLS Setting up and operating manual milling machines.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
SAWS Setting up and operating power saws.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
GRINDERS Setting up and operating grinders.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
COMPUTER NUMERICAL CONTROL (CNC) MACHINES Performing basic CNC programming; and setting up and operating CNC machines to a maximum of 40% of the required trade related work experience hours	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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

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