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.

A "Machinist" is someone who turns blocks of metal into complex, intricate metal parts for other products. They fit and assemble metal parts and sub-assemblies, ensuring the parts in these products meet exacting standards in size, strength and hardness. A Machinist sets up and operates all machine tools such as Lathes, Milling Machines Saws, Grinding Machines, Drilling and Boring Machines, Shapers, Planers, Precision Measuring tools, Hand and Power tools, and the related attachments and accessories, including C.N.C. machining, selection, use and maintenance of cutting tools.

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 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 **Machinist** 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 (12)	SUPERVISOR DECLARATION RESPONSE	
Occupational Skills		
Uses Tools and Equipment	☐ Yes	☐ No
Organizes Work	☐ Yes	☐ No
Processes Material	☐ Yes	☐ No
Maintains Machines	☐ Yes	☐ No
Bench Work		
Performs hand processes	☐ Yes	☐ No
Performs refurbishing components	☐ Yes	☐ No
Drill Presses		
Sets up and operates drill presses	☐ Yes	☐ No
Lathes		
Sets up and operates manual lathes	☐ Yes	☐ No
Mills		
Sets up and operates manual milling machines	☐ 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 (12)	SUPERVISOR DECLARATION RESPONSE	
Saws		
Sets up and operates power saws	☐ Yes	☐ No
Grinders		
Sets up and operates grinders	☐ Yes	☐ No
Computer Numerical Control (CNC) Machines		
Performs basic CNC programming; and sets up and operates CNC machines to a maximum of 40% of the required trade related work experience hours	☐ 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: