

# **METAL FABRICATOR (FITTER)**

## 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

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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 7,200 hours performing the tasks listed in Section D, and
- experience performing at least 70% of the job tasks listed in Section D

#### 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, From:	Total Number Hours of <b>Metal Fabricator (Fitter)</b> Experience Accumulated in that Period:
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 Ap	oplicant's Direct Supervisor: S	Supervisor Position or Title:
Supervisor's Phone Numl ( )	per: S	Supervisor E-Mail Address:
Language(s) that the emp	loyer/supervisor can communicate: (check all th	at apply)
English	Other (please specify	y):

## 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 (10)	Declar Resp	
PERFORM SAFETY-RELATED FUNCTIONS	Yes:	
Maintain a safe work environment	No:	
USE TOOLS AND EQUIPMENT	Yes:	
Use hand, power, layout and measuring tools and equipment; use stationery machinery; use thermal cutting and welding equipment; use access equipment; use computer numerical controlled (CNC) equipment	No:	
INTERPRET PLANS, DRAWINGS AND SPECIFICATIONS	Yes:	
Interpret blueprints and structural steel drawings	No:	
PERFORM QUALITY CONTROL	Yes:	
Perform inspection; verify structural measurements, welds and layout; track structural materials, consumables and parts for traceability; apply principles of metallurgy; control distortion	No:	
HANDLE MATERIALS	37	_
Organize specialty materials and products; calculate mass for structural steel; apply rigging practices; operate material handling equipment	Yes: No:	
PERFORM TRADE MATH AND LAYOUT		_
Perform line development; calculate bending allowances and stretch outs; calculate diagonals, volume, mass and capacity	Yes: No:	
FORM MATERIALS		
Form material using plate rolls, shape rolls, brake press and computer numerical controlled (CNC) brake press;	Yes:	
fabricate plate	No:	
FABRICATE COMPONENTS		
Construct sub-components, and templates and jigs; determine proper sequence for assembly and welding;	Yes:	
assemble sub-components and components; set fabricated component in place; fabricate structural components	No:	
PERFORM WELDING ACTIVITIES	Yes:	
Apply weld symbols; use welding processes	No:	
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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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Job Tasks (10)		ation onse
<b>COMPLETE PROJECT</b> Determine finishing process; prepare material for finishing	Yes: No:	

## 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: