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

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.

"Metal Fabricator" means a person who interprets drawings and involving the development, layout, marking, cutting, burning, sawing, shearing, punching, rolling, bending, drilling, shaping, forming, straightening, fitting and assembling, reaming, bolting, riveting, welding, testing, inspecting, preparing, priming, painting, rigging, and handling of structural and mechanical fabrications constructed from plates and structural shapes of ferrous and non-ferrous metals in the Metal Fabrication Trade.

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:		
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 **Metal Fabricator (Fitter)** 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 (35)	SUPERVISOR DECLARATION RESPONSE	
Performs Safety-Related Functions		
Maintains a safe work environment	☐ Yes	☐ No
Uses Tools And Equipment		
Uses hand, power, layout and measuring tools and equipment	☐ Yes	☐ No
Uses stationery machinery	☐ Yes	☐ No
Uses thermal cutting and welding equipment	☐ Yes	☐ No
Uses access equipment	☐ Yes	☐ No
Uses computer numerical controlled (CNC) equipment	☐ Yes	☐ No
Interprets Plans, Drawings And Specifications		
Interprets blueprints	☐ Yes	☐ No
Interprets structural steel drawings	☐ Yes	☐ No
Performs Quality Control		
Performs inspection	☐ 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:

SKILLED TRADES BC

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JOB TASKS (35)	SUPERVISOR DECLARATION RESPONSE	
Verifies structural measurements, welds and layout	☐ Yes	☐ No
Tracks structural materials, consumables and parts for traceability	☐ Yes	☐ No
Applies principles of metallurgy	☐ Yes	☐ No
Controls distortion	☐ Yes	☐ No
Handles Materials		
Organizes specialty materials and products	☐ Yes	☐ No
Calculates mass for structural steel	☐ Yes	☐ No
Applies rigging practices	☐ Yes	☐ No
Operates material handling equipment	☐ Yes	☐ No
Performs Trade Math And Layout		
Performs line development	☐ Yes	☐ No
Calculates bending allowances and stretch outs	☐ Yes	☐ No
Calculates diagonals, volume, mass and capacity	☐ Yes	☐ No
Forms Materials		
Forms material using plate rolls	☐ Yes	☐ No
Forms material using shape rolls	☐ Yes	☐ No
Forms material using brake press	☐ Yes	☐ No
Forms material using computer numerical controlled (CNC) brake press	☐ Yes	☐ No
Fabricates plate	☐ Yes	☐ No
Fabricates Components		
Constructs templates and jigs	☐ Yes	☐ No
Constructs sub-components	☐ Yes	☐ No
Determines proper sequence for assembly and welding	☐ Yes	☐ No

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JOB TASKS (35)	SUPERVISOR DECLARATION RESPONSE	
Assembles sub-components and components	☐ Yes	☐ No
Sets fabricated component in place	☐ Yes	☐ No
Fabricates structural components	☐ Yes	☐ No
Performs Welding Activities		
Applies weld symbols	☐ Yes	☐ No
Uses welding processes	☐ Yes	☐ No
Completes Project		
Determines finishing process	☐ Yes	☐ No
Prepares 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 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: