

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

Legal Last Name:

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.

"Plumbers" install, repair and maintain plumbing fixtures and systems such as water, hydronic, drain, waste and vent (DWV), low pressure steam, chemical and irrigation. They also install specialized systems such as medical gas, process piping, compressed air, water conditioners, fuel piping, sewage and water treatment, and storage and flow equipment. Plumbers interpret drawings, refer to layouts of existing services, and review applicable codes and specifications to determine work details and procedures. They locate and mark positions for fixtures, pipe connections and sleeves, and cut openings to accommodate pipe and fittings.

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 **9,450 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 **Certificate of Qualification (CofQ)** in **Steamfitter/Pipefitter** or **Sprinkler Fitter** will be eligible to challenge this certification by documenting **4,950** hours of directly related work experience.

Holders of a Canadian military certificate in Plumbing and Heating Technician MT #304 / MT #646, QL5 or higher will be eligible to challenge this certification by submitting an Exam Application Form along with a copy of the certificate.

Legal Middle Name(s):

A. Applicant Name

Legal First Name:

Enter the name of the individual for whom this form is being completed.

B. Employment Information Enter the business information for the ap	on of Applicant oplicant's period of employment declared	for this trade.
Name of Organization/Employer/Busin	ness:	
Business Address (Street Name/Numb	er, Building/Unit Number):	City:
Province/ State:	Country:	Postal Code/ Zip Code:
Business Phone Number:	Website:	
Enter the dates and number of hours fo	or this period of employment.	
Dates of Applicant's Employment (MM	//DD/YYYY): Total Nu	mber Hours of Plumber Experience Accumulated in

Period:

Job Title of Applicant:

From:



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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 (pleas	se specify):			
D. Supervisor Declaration of Job Task Perfo	rmance of Applicant			
By checking "Yes" or "No" in the Declaration Response column, personally witnessed the applicant performing the job tasks list		or of the applicar	nt, have	
JOB TASKS (71)	JOB TASKS (71)		SUPERVISOR DECLARATION RESPONSE	
Performs Safety-Related Functions				
Maintains safe work environment		☐ Yes	☐ No	
Uses personal protective equipment (PPE) and safety equ	ipment	☐ Yes	☐ No	
Performs lock-out and tag-out procedures		☐ Yes	☐ No	
Practices fire prevention		☐ Yes	☐ No	
Uses Tools And Equipment				
Uses common tools and equipment		☐ Yes	☐ No	
Uses access equipment		☐ Yes	☐ No	
Uses rigging, hoisting, lifting and positioning equipment		☐ Yes	☐ No	
Rigs loads for cranes		☐ Yes	☐ No	
Uses soldering and brazing equipment		Yes	☐ No	
Uses oxy-fuel cutting equipment		☐ Yes	☐ No	
Supervisor must enter name and initials on every page of this fo	orm			
Supervisor First and Last Name (Please Print):				
I hereby certify, that to the best of my knowledge, the informa supervisor of the applicant (as named on page 1 of this docur		Supervisor's In	itials:	



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JOB TASKS (71)	JOB TASKS (71) SUPERVISOR DECLARATION RESPONSE	
Uses welding equipment	☐ Yes	☐ No
Uses technical instruments and testers	☐ Yes	☐ No
Performs Routine Trade Activities		
Uses mathematics and science	☐ Yes	☐ No
Interprets drawings and specifications	☐ Yes	☐ No
Uses codes, regulations and standards	☐ Yes	☐ No
Uses manufacturer's documentation	☐ Yes	☐ No
Performs piping system layout	☐ Yes	☐ No
Prepares Piping And Components		
Prepares pipe	☐ Yes	☐ No
Joins tube, tubing and pipe	☐ Yes	☐ No
Installs pipe and fittings	☐ Yes	☐ No
Installs valves	☐ Yes	☐ No
Penetrates structures	☐ Yes	□ No
Installs Plumbing Fixtures And Appliances		
Installs fixtures	☐ Yes	☐ No
Installs appliances	☐ Yes	☐ No
Commissions fixtures and appliances	☐ Yes	☐ No
Services fixtures and appliances	☐ Yes	□ No
Uses Communication Techniques		
Uses communication techniques and mentoring techniques	☐ Yes	☐ No
Installs Sewers And Sewage Treatment Systems		
Installs piping for sewers	☐ 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 In	itials:



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JOB TASKS (71)		SUPERVISOR DECLARATION RESPONSE	
Installs manholes and catch basins	☐ Yes	☐ No	
Tests and services manholes, catch basins and piping for sewers	☐ Yes	☐ No	
Installs sewage treatment system components	☐ Yes	☐ No	
Tests and services sewage treatment system components	☐ Yes	☐ No	
Installs Drainage, Waste And Vent (Dwv) Systems			
Installs sanitary drainage systems	☐ Yes	☐ No	
Installs storm drainage systems	☐ Yes	☐ No	
Tests and services sanitary and storm drainage systems	☐ Yes	☐ No	
Installs Water Services And Distribution Systems			
Installs water services	☐ Yes	☐ No	
Installs potable water distribution systems	☐ Yes	☐ No	
Tests and services water service piping and distribution systems	☐ Yes	☐ No	
Commissions water service and distribution systems	☐ Yes	☐ No	
Installs Cross Connection Control Devices And Assemblies			
Installs and tests cross connection control devices and assemblies	☐ Yes	☐ No	
Services cross connection controls and assemblies	☐ Yes	☐ No	
Installs Pressure Systems			
Installs piping for pressure systems	☐ Yes	☐ No	
Installs equipment for pressure systems	☐ Yes	☐ No	
Tests and services pressure systems	☐ Yes	☐ No	
Commissions pressure systems	Yes	☐ No	
Installs Hydronic Systems			
Interprets heating and cooling systems	☐ Yes	☐ No	
Supervisor must enter name and initials on every page of this form	1		
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		SUPERVISOR DECLARATION RESPONSE	
Installs piping and components for hydronic systems	☐ Yes	☐ No	
Installs hydronic heating and cooling systems	☐ Yes	☐ No	
Installs hydronic transfer units	☐ Yes	☐ No	
Installs hydronic system controls	☐ Yes	☐ No	
Tests and services hydronic systems, components and controls	☐ Yes	☐ No	
Commissions hydronic systems, components and controls	☐ Yes	☐ No	
Installs Water Treatment Equipment			
Installs and services water treatment equipment	☐ Yes	☐ No	
Tests and commissions water treatment equipment	☐ Yes	☐ No	
Installs Specialized Systems			
Installs piping for specialized systems	☐ Yes	☐ No	
Installs equipment and components for specialized systems	☐ Yes	☐ No	
Tests and services specialized systems	☐ Yes	☐ No	
Commissions specialized systems	☐ Yes	☐ No	
Applies Electrical Concepts			
Uses the principles of electricity, uses electrical wiring diagrams and schematics; interprets the Canadian Electrical Code (CEC)	☐ Yes	☐ No	
Applies single phase motor theory	☐ Yes	☐ No	
Applies three phase motor theory	☐ Yes	☐ No	
Applies wiring practices	☐ Yes	☐ No	
Plans Gas Fired Appliance System Installations			
Sizes piping and tubing systems	☐ Yes	☐ No	
Selects regulators, valves and valve train components	☐ Yes	☐ No	
Selects gas-fired appliances	☐ Yes	☐ No	
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JOB TASKS (71)		DECLA	RVISOR RATION ONSE
Selects flame safe guards		☐ Yes	☐ No
Selects burners		☐ Yes	☐ No
Installs Gas Fired Systems			
Installs piping and tubing systems		☐ Yes	☐ No
Installs regulators, valves and valve trains		☐ Yes	☐ No
Installs air supply systems		☐ Yes	☐ No
Commissions fuel/air delivery systems		☐ Yes	☐ No
Protection of Privacy Act.) Supervisor Signature:	Date	e Signed: (MM/DD/YYYY)	
Supervisor must enter name and initials on every page of this form upervisor First and Last Name (Please Print):			
upervisor First and Last Name (Please Pfint):			
hereby certify, that to the best of my knowledge, the information I am providing a upervisor of the applicant (as named on page 1 of this document), is true and acc	as a current or past urate.	Supervisor's In	itials: