TOOL AND DIE MAKER

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.

A "Tool and Die Maker" designs, constructs, tests and repairs production tools, cutting tools, jigs, fixtures, gauges and specialty hand tools by laying out, setting-up, machining, fitting and finishing using various metals, alloys and plastics. Tool and Die Makers produce tooling that is used to manufacture and stamp out parts and supply tooling and dies for all manufacturing sectors.

To qualify to challenge certification in this trade, individuals must have:

- hold **Machinist Certificate of Qualification with Interprovincial Red Seal Endorsement**,
- worked a minimum of **2,700 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 **Tool And Die Maker** 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 (18)	SUPERVISOR DECLARATION RESPONSE	
Common Occupational Skills		
Performs Safety Related Functions	☐ Yes	☐ No
Maintains machine and Cutting Tools and Accessories	☐ Yes	☐ No
Organizes work	☐ Yes	☐ No
Performs Benchwork	☐ Yes	☐ No
Uses Communication and Mentoring Techniques	☐ Yes	☐ No
Operates Machine Tools		
Sets up and Operates Power Saws	☐ Yes	☐ No
Drill Presses	☐ Yes	☐ No
Conventional Lathes	☐ Yes	☐ No
Conventional Milling Machines	☐ Yes	☐ No
Grinding Machines	☐ Yes	☐ No
Computer Numerical Control (CNC) Machines	☐ Yes	☐ No
Electrical Discharge Machines (EDM)	☐ 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 (18)	SUPERVISOR DECLARATION RESPONSE	
Performs Heat Treatment		
Heat treats materials and tests heat treated materials	☐ Yes	☐ No
Performs Design & Development of Prototypes and Production Tools		
Performs production tool design	☐ Yes	☐ No
Develops prototype	☐ Yes	☐ No
Fits and assembles production tools	☐ Yes	☐ No
Proves out production tools	☐ Yes	☐ No
Repairs and maintains production tools	☐ 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: