WELDER
EMPLOYER DECLARATION OF WORK EXPERIENCE

SkilledTradesBC Customer Service
800 – 8100 Granville Ave.
Richmond, BC V6Y 3T6
Tel: 778-328-8700
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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.

"Welder" means a person who has training in and is capable of welding ferrous and non-ferrous metals in all positions, on both plate and/or pipe, using various welding processes.

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

- worked a minimum of **6,930 hours** in the industry performing work directly related to this occupation
- experience performing at least **8 of the 11 welding procedures (4 of which are mandatory)** listed in Section D of this form.

Holders of a Canadian military certificate in **Material Technician** MT #134 / MT #441, QL5 or higher will be eligible to challenge the Welder Inter-Provincial Red Seal examination by submitting an Exam Application Form along with a copy of the certificate.

To obtain a SkilledTradesBC certification in this trade via challenge requires successful completion of the following two exams:

1. Welder Interprovincial Red Seal exam, which will be administered by SkilledTradesBC, and
2. Welder Practical exam, which will be administered by the nearest welding college or testing institution on behalf of SkilledTradesBC.

Note: Scheduling and payment for the practical exam must be arranged through the welding college or testing institution. Further information on the practical exam locations will be provided ones your application is approved.

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 **Welder** 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 welding procedures listed below.

MANDATORY WELDING PROCEDURES – must have performed all 4 procedures in this section	**SUPERVISOR DECLARATION RESPONSE**	
Shielded Metal Arc Welding (SMAW):		
Fillet weld - all positions	☐ Yes	☐ No
Groove weld open root - all positions	☐ Yes	☐ No
Cutting and gouging		
Oxy-fuel cutting	☐ Yes	☐ No
Gouging	☐ Yes	☐ No

ADDITIONAL WELDING PROCEDURES – must have performed a minimum of 4 of the 7 procedures in this section	**SUPERVISOR DECLARATION RESPONSE**	
Gas Metal Arc Welding (GMAW):		
Groove weld with backing – flat (1G) position	☐ Yes	☐ No
Groove weld open root – flat (1G) position	☐ Yes	☐ No
Fillet weld - all positions	☐ 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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ADDITIONAL WELDING PROCEDURES – must have performed a minimum of 4 of the 7 procedures in this section	**SUPERVISOR DECLARATION RESPONSE**	
Flux Cored Arc Welding (FCAW):		
Fillet weld – all positions	☐ Yes	☐ No
Groove weld – vertical position	☐ Yes	☐ No
Gas Tungsten Arc Welding (GTAW):		
Fillet weld - all positions	☐ Yes	☐ No
Groove weld open root - all positions	☐ 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: