ARCHITECTURAL SHEET METAL WORKER

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.

"Architectural Sheet Metal Worker" means a person who has the product knowledge and skills to prepare, repair and fabricate components for, metal roofs, metal walls and other exterior wall products, composite panels insulation, membranes and waterproofing, ventilators and curbs, flashings, gutters, downspouts, louvers, soffits, skylights and metal doors.

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 **Architectural Sheet Metal Worker** 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 (42)	SUPERVISOR DECLARATION RESPONSE	
Uses safe work practices		
Uses Personal Protective Equipment	☐ Yes	☐ No
Uses WorkSafeBC Regulations	☐ Yes	☐ No
Uses GHS (WHMIS)	☐ Yes	☐ No
Identifies Hazards and Emergency Procedures	☐ Yes	☐ No
Select Fire Extinguishers	☐ Yes	☐ No
Uses tools and equipment		
Uses Hand Tools	☐ Yes	☐ No
Uses Power Tools	☐ Yes	☐ No
Uses Powder Actuated Tools	☐ Yes	☐ No
Uses Shop Equipment	☐ Yes	☐ No
Uses Ladders, Scaffolds and Platforms	☐ Yes	☐ No
Uses Fasteners and Sealants	☐ 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 (42)	SUPERVISOR DECLARATION RESPONSE	
Organizes work		
Interprets Drawings and Specifications	☐ Yes	☐ No
Estimates Materials	☐ Yes	☐ No
Communicate with Others	☐ Yes	☐ No
Measures and Sketches Shop Project Components	☐ Yes	☐ No
Identifies Metals and Properties	☐ Yes	☐ No
Uses trade math		
Uses Basic Trade Math	☐ Yes	☐ No
Solves Problems Using Formulas	☐ Yes	☐ No
Solves Problems Using Pythagorean Theorem	☐ Yes	☐ No
Solves Problems Using Trigonometry	☐ Yes	☐ No
Examines systems		
Identifies Systems	☐ Yes	☐ No
Identifies Support Structures	☐ Yes	☐ No
Identifies Building Envelope	☐ Yes	☐ No
Examines Wall Systems	☐ Yes	☐ No
Examines Roof Systems	☐ Yes	☐ No
Examines Specialty Products	☐ Yes	☐ No
Examines Specialty System Components/ Accessories	☐ Yes	☐ No
Fabricates products and components		
Seams, Locks, Edges and Joints	☐ Yes	☐ No
Fabricates Components	☐ Yes	☐ No
Installs products		
Uses Hoisting, Lifting and Rigging Equipment	☐ Yes	☐ No

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Supervisor First and Last Name (Please Print):	
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JOB TASKS (42)	SUPERVISOR DECLARATION RESPONSE	
Installs Roofing and Wall Components	☐ Yes	☐ No
Prepares Substrate	☐ Yes	☐ No
Installs Specialty Components	☐ Yes	☐ No
Layouts and develops patterns		
Uses Drafting Equipment for Geometric Construction	☐ Yes	☐ No
Draws Orthographic and Pictorial Drawings	☐ Yes	☐ No
Produces Patterns Using Parallel Line Development	☐ Yes	☐ No
Produces Patterns Using Radial Line Development	☐ Yes	☐ No
Produces Patterns Using Triangulation	☐ Yes	☐ No
Welds and solders		
Cutting Techniques	☐ Yes	☐ No
Selects and Uses Welding Equipment for SMAW	☐ Yes	☐ No
Selects and Uses Welding Equipment for GMAW	☐ Yes	☐ No
Demonstrates Soldering Techniques	☐ 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: