ASPHALT PAVING/LAYDOWN TECHNICIAN
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.

"Asphalt Paving/Laydown Technicians" operate machines that lay, screed, compact or mill surface materials in highway and road construction. They may also operate trucks equipped with road sanding, road oiling and other similar apparatus.

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

- Minimum required machine operating time for one or more endorsements listed below
- experience performing **100%** of the job tasks listed in Section D for each endorsement you wish to challenge (indicate below):

Endorsements:

☐	Asphalt Milling Machine	450 Hours	(page 2-3)
☐	Asphalt Paver	450 Hours	(pages 3-4)
☐	Asphalt Screed	600 Hours	(page 5-6)
☐	Compact Roller	450 Hours	(pages 6-8)
☐	Raker	375 Hours	(page 9)

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 **Asphalt Paving/Laydown Technician** 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.

Asphalt Milling Machine - Job Tasks	SUPERVISOR DECLARATION RESPONSE	
CHALLENGE TIME REQUIRED The applicant has at least **450 hours** seat time operating an **Asphalt Milling Machine** with your company	☐ Yes	☐ No
Practice Safe Work Habits		
Use correct PPE	☐ Yes	☐ No
Enter and exit machine using 3-point contact	☐ Yes	☐ No
Identify pinch points, including between conveyor and trucks	☐ Yes	☐ No
Park and secure equipment	☐ Yes	☐ No
Asphalt Milling Machine Fundamentals		
Understand team roles and responsibilities	☐ Yes	☐ No
Move machine into position	☐ Yes	☐ No
Set teeth in ground (precise)	☐ Yes	☐ No
Move machine forward according to cut pattern	☐ Yes	☐ No
Adjust machine for precise cut depths	☐ Yes	☐ No
Comply with markers	☐ Yes	☐ No
Asphalt Milling Machine Maintenance		
Reference manuals for specific machines	☐ Yes	☐ No

Supervisor must enter name and initials on every page of this form

Supervisor First and Last Name (Please Print):	
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Asphalt Milling Machine - Job Tasks	SUPERVISOR DECLARATION RESPONSE	
Perform pre-op check	☐ Yes	☐ No
Perform winter maintenance – drains all water, replaces/maintains	☐ Yes	☐ No
Perform inspection and replacement of profiling teeth as required	☐ Yes	☐ No
Follow Shut-Down Procedures		
Perform engine cool-down	☐ Yes	☐ No
Keep accurate records	☐ Yes	☐ No
Initiate safe parking and lockout procedures	☐ Yes	☐ No

Asphalt Paver - Job Tasks	SUPERVISOR DECLARATION RESPONSE	
CHALLENGE TIME REQUIRED The applicant has at least **450 hours** seat time operating an **Asphalt Paver** with your company	☐ Yes	☐ No
Practice Safe Work Habits		
Use correct PPE	☐ Yes	☐ No
Enter and exit machine using 3-point contact	☐ Yes	☐ No
Identify pinch points, including between conveyor and trucks	☐ Yes	☐ No
Park and secure machine	☐ Yes	☐ No
Apply Asphalt		
Position paver for the job	☐ Yes	☐ No
Place haul truck load into the hopper	☐ Yes	☐ No
Place asphalt products effectively	☐ Yes	☐ No
Hold tight to joints and overlaps	☐ Yes	☐ No
Operate Asphalt Paver - Fundamentals		
Position paver	☐ Yes	☐ No
Prepare paver (heat screed & on blocks)	☐ Yes	☐ No
Follow the line	☐ Yes	☐ No
Apply smooth transition of material to screed	☐ Yes	☐ No

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Asphalt Paver - Job Tasks	SUPERVISOR DECLARATION RESPONSE	
Apply consistent head of material on screed (material pushed by screed)	☐ Yes	☐ No
Ensure trucks back to paver properly	☐ Yes	☐ No
Understand truck driver & operator hand signals through truck mirrors and horn	☐ Yes	☐ No
Aware of overhead power lines & other overhead obstacles	☐ Yes	☐ No
Maintain Asphalt Paver		
Perform daily operator checks	☐ Yes	☐ No
Reference manufacturer specs	☐ Yes	☐ No
Performs end-of-day maintenance: general clean of screed, hoppers, augers, screed deck, extensions, top of pavers, etc.	☐ Yes	☐ No
Address environmental concerns	☐ Yes	☐ No
Use biodegradable solvents	☐ Yes	☐ No
Maintain Corners or hopper, screeds	☐ Yes	☐ No
Maintain hydraulic extensions	☐ Yes	☐ No
Maintain push rollers	☐ Yes	☐ No
Compliance With Markers, Grades And Stakes		
Follow the line	☐ Yes	☐ No
Operate paver on various grades	☐ Yes	☐ No
Follow Shut-Down Procedures		
Perform engine cool-down	☐ Yes	☐ No
Maintain records	☐ Yes	☐ No
Apply safe parking and lockout	☐ Yes	☐ No
Transport Paver		
Follow transport procedures	☐ Yes	☐ No

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Asphalt Screed - Job Tasks	SUPERVISOR DECLARATION RESPONSE	
CHALLENGE TIME REQUIRED The applicant has at least **600 hours** seat time operating an **Asphalt Screed** with your company	☐ Yes	☐ No
Practice Safe Work Habits		
Use correct PPE	☐ Yes	☐ No
Enter and exit machine using 3-point contact	☐ Yes	☐ No
Understand traffic and traffic patterns	☐ Yes	☐ No
Apply park and secure procedure	☐ Yes	☐ No
Paving Screed Attachment Knowledge		
Identify when & why attachments are used	☐ Yes	☐ No
Use common attachments ○ Extensions, hydraulic wings, automatic grade controls (laser) ○ String line vs. boom vs. ski boom ○ Cut off shoe to narrow down joint, curb form	☐ Yes	☐ No
Paving Screed Operation - Fundamentals		
Maintain thickness, width and volume control of asphalt mix	☐ Yes	☐ No
Communicate with paver operator and raker man	☐ Yes	☐ No
Anticipate adjustments and timing effect (several feet)	☐ Yes	☐ No
Machine placed on wooden blocks to null /neutralize angle	☐ Yes	☐ No
Identify daily requirements of thickness for project	☐ Yes	☐ No
Adjust thickness to allow for percentage of compaction (approx. 20-25%)	☐ Yes	☐ No
Check depth frequently	☐ Yes	☐ No
Maintain and correct volume – not under or over	☐ Yes	☐ No
Understand team work: Paver and screed operator	☐ Yes	☐ No
Paving Screed Maintenance		
Perform pre-op check	☐ Yes	☐ No
Use check list	☐ Yes	☐ No
Maintain screed plate & adjust	☐ Yes	☐ No
Lubricate thickness control “screws”	☐ Yes	☐ No

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Asphalt Screed - Job Tasks	SUPERVISOR DECLARATION RESPONSE	
Follow Shut-Down Procedures		
Clean equipment to prevent build up– team up with paver	☐ Yes	☐ No
Apply solvents and scraping (same for paver and in tandem) 20 mins	☐ Yes	☐ No

Compact Roller - Job Tasks	SUPERVISOR DECLARATION RESPONSE	
CHALLENGE TIME REQUIRED The applicant has at least **450 hours** seat time operating a **Compact Roller** with your company	☐ Yes	☐ No
Practice Safe Work Habits		
Use correct PPE	☐ Yes	☐ No
Enter and exit equipment using 3-point contact	☐ Yes	☐ No
Identify pinch points, including between conveyor and trucks	☐ Yes	☐ No
Follow park and secure procedure	☐ Yes	☐ No
Compact Roller Knowledge		
Use compact rollers ○ Static, vibrating and oscillating ○ Pneumatic ○ Combo ○ Steel	☐ Yes	☐ No
Describe machine production rate by size and passes	☐ Yes	☐ No
Describe drum widths & weights	☐ Yes	☐ No
Perform roller functions: ○ Breakdown – mix, time of year ○ Intermediate ○ Finish	☐ Yes	☐ No
Operate Compact Roller - Fundamentals		
Check mat for grade, obstructions or limitations	☐ Yes	☐ No
Determine number of rolls based on size of drum	☐ Yes	☐ No
Line up the roller before moving onto new mat	☐ Yes	☐ No
Forward and reverse movements are straight and uniform	☐ Yes	☐ No

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Compact Roller - Job Tasks	SUPERVISOR DECLARATION RESPONSE	
Stops at 30-45-degree angle	☐ Yes	☐ No
Maintain correct asphalt density	☐ Yes	☐ No
Maintain smoothness	☐ Yes	☐ No
Apply correct rolling patterns for the job ○ Does not cut across the mat ○ Does not stop with the vibrator feature still engaged ○ Does not leave cut marks	☐ Yes	☐ No
Coordinate work training with paver and other rollers	☐ Yes	☐ No
Operate Breakdown Roller (Typical Confined Edge Rolling Patterns)		
Line up roller to move onto the new mat for first pass	☐ Yes	☐ No
Create a test strip	☐ Yes	☐ No
Use correct rolling pattern	☐ Yes	☐ No
Operate Breakdown Roller (Typical Longitudinal Joint Pattern)		
Apply pre-rolling procedures ○ Follow line up procedure to move onto new mat	☐ Yes	☐ No
Apply correct rolling pattern procedure ○ First pass ○ Second pass ○ Pass pattern ○ Effectiveness of pass	☐ Yes	☐ No
Operate Breakdown Roller (Typical Transverse Joint Pattern)		
Apply correct pre-rolling procedures ○ Line up procedure to move onto new mat ○ Prepare worksite to allow roller to run off the mat	☐ Yes	☐ No
Demonstrate correct use of rolling pattern ○ First pass ○ Consecutive passes ○ Pass pattern ○ Effectiveness of pass	☐ Yes	☐ No
Operate Breakdown Roller (Typical Crown Rolling Pattern)		
Follow line up procedures to move onto new mat for first pass	☐ Yes	☐ No
Demonstrate correct rolling pattern for first through fourth passes	☐ Yes	☐ No
Operate Intermediate Roller		
Watch for material displacement caused by the tires or drums	☐ Yes	☐ No

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Compact Roller - Job Tasks	SUPERVISOR DECLARATION RESPONSE	
Monitor mat temperature	☐ Yes	☐ No
Apply effective spacing behind breakdown roller	☐ Yes	☐ No
Demonstrate correct use of rolling pattern	☐ Yes	☐ No
Operate Finish Roller		
Watch for material displacement caused by the tires or drums	☐ Yes	☐ No
Monitor mat temperature	☐ Yes	☐ No
Apply required spacing behind breakdown roller	☐ Yes	☐ No
Create smooth surface	☐ Yes	☐ No
Demonstrate correct use of rolling pattern - smooth finish	☐ Yes	☐ No
Maintain Roller		
Use references manuals for specific machines	☐ Yes	☐ No
Conduct pre-op check	☐ Yes	☐ No
Check for oil and hydraulic leaks	☐ Yes	☐ No
Apply Grease	☐ Yes	☐ No
Maintain sprayers	☐ Yes	☐ No
Maintain cleanliness of tires or drums	☐ Yes	☐ No
Perform winter maintenance – drain all water, replace/maintain	☐ Yes	☐ No
Maintain scrapers and coco mat	☐ Yes	☐ No
Follow Shutdown Procedures		
Perform shut down procedures	☐ Yes	☐ No
Clean equipment	☐ Yes	☐ No
Ensure efficient staging	☐ Yes	☐ No
Prepare for transport	☐ Yes	☐ No
Secure machine for public safety	☐ Yes	☐ No

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Raker - Job Tasks	SUPERVISOR DECLARATION RESPONSE	
CHALLENGE TIME REQUIRED The applicant has at least **375 hours** seat time operating a **Raker** with your company	☐ Yes	☐ No
Work Safely		
Use correct PPE	☐ Yes	☐ No
Aware of traffic and traffic patterns	☐ Yes	☐ No
Aware of no-go zones	☐ Yes	☐ No
Aware of roller patterns	☐ Yes	☐ No
Raker Fundamentals		
Prepare work areas where machines cannot go	☐ Yes	☐ No
Level asphalt mix to conform to grade appurtenances	☐ Yes	☐ No
Repair & level mistakes	☐ Yes	☐ No
Rakes joints	☐ Yes	☐ No
Stands on fringe of mat	☐ Yes	☐ No
Place Asphalt Hot Mix		
Prep road	☐ Yes	☐ No
Intersection, drive ways, trench patching, pothole filling or grade deviations to minimize differential compaction	☐ Yes	☐ No
Squaring off end of the run/mat	☐ 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)

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