

#### **BROADBAND NETWORK 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

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.

Legal Middle Name(s):

This form is not to be used for periods of self-employment. For more information, see Instructions for Certification Challenge.

A "Broadband Network Technician" installs, maintains and repairs cable and satellite telecommunication systems, including cable television, broadband internet and telephone services. Broadband Network Technicians work in the telecommunications industry, performing services on-site at client premises, in the distribution network or at the headend. On-site tasks include installations, troubleshooting, and repair of cable, internet or telephone systems. They also perform customer service and education tasks. Headend tasks include directing and routing broadband information to its destination and troubleshooting central problems.

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

- worked a minimum of **6,160 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

Legal First Name:

Job Title of Applicant:

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

B. Employment Information of Enter the business information for the applica		nt declared for this trade	<u>.</u>
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	s period of employment.		
Dates of Applicant's Employment (MM/DD/YYYY):		Total Number Hours of Broadband Network Technician	
From: To:		Experience Accumula	ated in Period:



#### **BROADBAND NETWORK 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

### 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						
English Unit (pleases	pecny)					
D. Supervisor Declaration of Job Task Perform	nance 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 (27)		DECLA	RVISOR RATION ONSE			
Trade Safety						
Uses Personal Protective Equipment (PPE)		☐ Yes	☐ No			
Practices Safe Working Procedures		☐ Yes	☐ No			
Broadband RF Systems and Components						
Describes RF Signal Distribution Systems		☐ Yes	☐ No			
Describes Television Systems		☐ Yes	☐ No			
Applies Decibel Theory and Mathematics		☐ Yes	☐ No			
Describes Broadband Communications Architecture		☐ Yes	☐ No			
Describes Broadband System Amplifiers		☐ Yes	☐ No			
Interprets Broadband RF System Designs		☐ Yes	☐ No			
Describes Components of Subscriber Installations		☐ Yes	☐ No			
Describes Structured Cabling Systems		☐ Yes	☐ No			
Describes Transmission Systems and Components		☐ Yes	☐ No			
Broadband System Construction, Installation and	Upgrade					
Constructs Broadband Systems (Outside Plant)		☐ 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 supervisor of the applicant (as named on page 1 of this docume		Supervisor's In	itials:			



### **BROADBAND NETWORK 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

customer service @skilled trades bc.ca

JOB TASKS (27)		SUPERVISOR DECLARATION RESPONSE			
Performs Broadband Systems Installations	☐ Yes	☐ No			
Maintain and Repair Broadband Systems					
Uses Testing Tools and Equipment	Yes	☐ No			
Performs Routine and Preventative Maintenance on Broadband Systems	Yes	☐ No			
Describes Signal Leakage	Yes	☐ No			
Describes Digital Signal Maintenance and Repair	☐ Yes	☐ No			
Troubleshoots Modem Operation	☐ Yes	☐ No			
Repairs Broadband Systems	☐ Yes	☐ No			
Maintains and Repair Broadband Amplifiers	Yes	☐ No			
Headend					
Describes Headend and Components	Yes	☐ No			
Maintains and Repair Headend	Yes	☐ No			
Fiber Optic Systems and Components					
Describes Fiber Optic Technologies and Components	Yes	☐ No			
Describes Fiber-To-The-Premise (FTTP) Architecture and Components	Yes	☐ No			
Maintains and Repair Fiber Optic Systems	Yes	☐ No			
Maintain and Repair Broadband Powering Systems					
Maintains and Repair the Power Distribution System of a Broadband Network	Yes	☐ No			
Maintains and Repair Power Supply Systems for Broadband Networks	☐ 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):					
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:			