

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:

Total Number Hours of Geotechnical Environmental Driller

Experience Accumulated in Period:

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.

"Geotechnical/Environmental Drillers (Geo/Enviro Driller)" operate various types of mobile soil and rock drilling equipment for the purpose of gathering site characterization information and data. Geo/Enviro drillers typically work together on site with an engineer or technologist to achieve a greater understanding of the stratigraphy or hydrogeological conditions present by collecting soil or water samples, performing various types of probe or in-situ tests, or by setting various types of installations for either geotechnical or environmental monitoring. Geo/Enviro drillers must have both training and experience with various drilling, sampling and testing techniques in order to conduct a safe and efficient site investigation program, and to ensure the maintenance of drilling and support equipment. Geo/Enviro drillers must also have a competent understanding of provincial hole closure regulations to ensure safety to both the environment and public.

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

- worked a minimum of **4,860 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D.

Holders of a **Certificate of Qualification** in **Well Pump Installer** will be eligible to challenge this certification by documenting **4,350 hours** of directly related work experience.

Holders of a **Certificate of Qualification** in **Geoexchange Driller** will be eligible to challenge this certification by documenting **1,620 hours** of directly related work experience.

Holders of a **Certificate of Qualification** in **Water Well Driller** will be eligible to challenge this certification by documenting **1,250 hours** of directly related work experience.

Legal Middle Name(s):

A. Applicant Name

Legal First Name:

From:

Job Title of Applicant:

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

B. Employment Information of Ap Enter the business information for the applicant's p	-	for this trade			
Effet the business information for the applicant's p	beriod 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 peri	od of employment.				

Dates of Applicant's Employment (MM/DD/YYYY):

To:



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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: (ch	neck all that apply)				
☐ English ☐ Other (please specify):					
D. Supervisor Declaration of Job Task Perform	ance 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 (37)		SUPERVISOR DECLARATION RESPONSE			
Industry Overview and Professional Work Practices	-				
Describes the scope of the trade in B.C.		Yes	☐ No		
Describes the B.C. Certification System		Yes	☐ No		
Applies trade math		☐ Yes	☐ No		
Workplace Safety					
Common safety hazards associated with the trade		☐ Yes	☐ No		
Uses safety equipment and procedures when dealing with hazards		☐ Yes	☐ No		
Uses the WHMIS System to practice safe care and control of hazardous products		☐ Yes	☐ No		
Recognizes and describes hazards to the environment associated with the trade		☐ Yes	☐ No		
Recognizes and complies with WorkSafeBC Regulations		☐ Yes	☐ No		
Recognizes and complies with the B.C. Wellhead Protection Regulations		☐ Yes	☐ No		
Works safely on the drilling and ground water monitoring	ng site	☐ 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 documen		Supervisor's In	itials:		



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JOB TASKS (37)		SUPERVISOR DECLARATION RESPONSE	
States the safety considerations dealing with hazardous vapours		☐ No	
Drilling Methods			
Describes the different types of well drilling systems applicable to the trade		☐ No	
Uses well drilling methods as applicable to the trade		☐ No	
Geology			
Uses proper terminology to describe geological formations as it applies to the trade	☐ Yes	☐ No	
Ground Water			
Describes the Hydrologic Cycle (Water Cycle)	☐ Yes	☐ No	
Uses proper terminology to describe various water-bearing zones	☐ Yes	☐ No	
Uses proper terminology to describe ground water formations	☐ Yes	☐ No	
Describes different sources of water	☐ Yes	☐ No	
Artesian Water Flow			
Describes the characteristics of artesian water flow	☐ Yes	☐ No	
Describes the measures to contain/close artesian water flow	☐ Yes	☐ No	
Recognizes and prepares for the likelihood of encountering artesian water flow	☐ Yes	☐ No	
Identifies the potential hazards associated with artesian water flow		☐ No	
Pump Types and Applications			
Identifies different types of pumps used for drilling and their components and application	☐ Yes	☐ No	
Uses different types of pumps for drilling based on their capabilities and limitations	☐ Yes	☐ No	
Hydraulic Systems			
Principles of operation of different types of hydraulic systems applicable to the trade	☐ Yes	☐ No	
Describes the functions of the basic components of hydraulic systems	☐ Yes	☐ No	
Identifies component and system failures of hydraulic systems and their causes	☐ 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 In	itials:	



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JOB TASKS (37)		SUPERVISOR DECLARATION RESPONSE			
Explains the importance of maintenance schedules and required system servicing		☐ No			
Monitoring Well/Borehole Reclamation					
Identifies the equipment required for closing a monitoring well and/or borehole		☐ No			
Closes a monitoring well and/or borehole in accordance with the regulations		☐ No			
Sampling and Testing					
Identifies different types of samples and tests and their purpose		☐ No			
Uses specific devices to conduct sampling and testing	☐ Yes	☐ No			
Soil and Ground Water Monitoring					
Describes the purpose and operating principles of various devices that are installed in monitoring wells		☐ No			
Installs various types of monitoring devices	☐ Yes	☐ No			
Identifies ground water contamination sources	☐ Yes	☐ No			
Describes containment movement	☐ Yes	☐ No			
Constructs ground water monitoring wells		☐ 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: (MI	W/DD/1111)			
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 In	itials:			