

MARINE ELECTRICIAN ENDORSEMENT

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.

A “Marine Electrician” understands electrical installation and maintenance of electrical equipment in a marine environment and is responsible for the safe operation and distribution of AC and DC electrical power to the various ship systems. Marine electricians apply and install transits, cabling and terminations, interpret marine electrical drawings, interpret and apply marine codes and regulations, use test equipment for troubleshooting ship systems such as main and auxiliary power generation, propulsion, navigational lighting, domestic lighting, hydraulic, pneumatic, communication and alarm, and use maintenance management systems.

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

- **Construction Electrician Certificate of Qualification with Red Seal Endorsement or Industrial Electrician Certificate of Qualification with Red Seal Endorsement**,
- minimum of **2,520 hours** working as a journey person in the **Shipbuilding and Repair industry**, and
- experience performing at least **70%** of the competencies listed in Section D of this form.

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):		Total Number Hours of Marine Electrician Experience Accumulated in Period:
From:	To:	
Job Title of Applicant:		

MARINE ELECTRICIAN ENDORSEMENT

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)	
<input type="checkbox"/> English <input type="checkbox"/> 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 (27)	SUPERVISOR DECLARATION RESPONSE	
Knowledge of the Marine Industry		
Uses terminology related to ships	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has knowledge of hazards in shipboard and shipyard work environments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses applicable regulations and standards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Marine Wiring Methods		
Installs marine electrical cables and transits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Terminates cable shielding specific to marine cables	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Packs transits and deck tubes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs wireways	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies corrosion protection methods in a marine environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Power Generation		
Installs and maintain prime mover controls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs and maintain power generator protective relays	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describes main and auxiliary power generation and related controls	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:

MARINE ELECTRICIAN ENDORSEMENT

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

JOB TASKS (27)	SUPERVISOR DECLARATION RESPONSE	
Power Distribution		
Describes shipboard power distribution	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs and maintain switchboards, motor control centers, power distribution centres and panelboards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describes shore power systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs and maintains power sources	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs and maintains temporary services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs, maintains and troubleshoots lighting systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shipboard Systems and Controls		
Installs and maintains service marine control systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describes alarms and monitoring systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describes communication systems and marine navigation systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs and tests batteries	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has knowledge of cathodic protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tests and Troubleshoots		
Follows routine testing and certification requirements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monitors the planer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs insulation testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interprets schematics and wiring diagrams	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Troubleshoots systems using a PLC	<input type="checkbox"/> Yes	<input type="checkbox"/> 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: