

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.

"Petroleum Equipment Installers" install, remove and upgrade fueling systems in the downstream petroleum sector of the oil and gas industry.

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

- worked a minimum of 4,500 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:

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

B. Employment Information Enter the business information for the app Name of Organization/Employer/Busine	olicant's period of employmen	t declared for this trade.		
Address (Street Name/Number, Building/Unit Number):		Ci	City:	
Province/ State:	Country:	Po	ostal 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/From: To:		Total Number Hours of Petroleum Equipment Installer 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:			
Language(s) that the employer/supervisor can communicate:	: (check all that apply)		
☐ English ☐ Other (please	e specify):		
D. Supervisor Declaration of Job Task Perform	rmance of Applicant		
By checking "Yes" or "No" in the Declaration Response column, personally witnessed the applicant performing the job tasks liste		or of the applican	it, have
JOB TASKS (33)		SUPERVISOR DECLARATION RESPONSE	
Applies Safe Work Practices			
Controls workplace hazards		Yes	☐ No
Uses personal protective equipment		☐ Yes	☐ No
Applies OSH regulations and WorkSafe BC Standards		☐ Yes	☐ No
Uses fire safety practices		Yes	☐ No
Applies first aid practices		Yes	☐ No
Applies WHMIS practices		Yes	☐ No
Applies Task Specific Safety Practices			
Applies confined space awareness training		Yes	☐ No
Applies working at heights training		Yes	
Applies TDG training		Yes	☐ No
Applies mobile equipment training		Yes	☐ No
Enter the supervisor's name and initials (repeat on every page of	f this form)		
Supervisor First and Last Name (Please Print):			
I hereby certify, that to the best of my knowledge, the informa supervisor of the applicant (as named on page 1 of this docum	ntion I am providing as a current or past nent), is true and accurate.	Supervisor's In	itials:



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JOB TASKS (33)		SUPERVISOR DECLARATION RESPONSE	
Uses Tools and Equipment			
Uses hand tools	☐ Yes	☐ No	
Uses power tools	☐ Yes	☐ No	
Uses ladders and platforms	☐ Yes	☐ No	
Uses testing equipment	☐ Yes	☐ No	
Organizes Work			
Uses communication skills	Yes	☐ No	
Applies mathematical principles	☐ Yes	 □ No	
Handles materials	☐ Yes	— ☐ No	
Interprets drawings and specifications	☐ Yes	□ No	
Uses manufacturer and supplier documentation	☐ Yes	□ No	
Plans a project	☐ Yes	□ No	
Maintains Environmental Standards			
Assesses environmental hazards	Yes	□ No	
Controls environmental standards	Yes	□ No	
Installs/Removes and Maintains Storage Tanks			
Installs/maintains above ground storage tanks	Yes	□ No	
Removes above ground storage tanks	☐ Yes	□ No	
Installs/maintains below ground storage tanks	☐ Yes	□ No	
Removes below ground storage tanks	Yes	□ No	
Installs/Removes and Maintains Fueling and Monitoring Systems			
Removes petroleum piping systems	Yes	☐ No	
Installs/maintains petroleum piping and containment systems	Yes	□ No	
Enter the supervisor's name and initials (repeat 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 (33)	SUPERVISOR DECLARATION RESPONSE		
Describes tank monitoring and leak detection systems	☐ Yes	☐ No	
Installs/Removes and Maintains Pumps and Dispensers			
Installs and removes suction pumps	☐ Yes	☐ No	
Maintains and repairs suction pumps	☐ Yes	☐ No	
Installs and removes submersible pumps and dispensers	☐ Yes	☐ No	
Maintains and repairs submersible pumps and dispensers	☐ Yes	☐ No	
E. Supervisor Signature I certify that the information I, as the current or former direct supervisor of the applicant, have provided is tr Collection and protection of personal information on this form is in accordance with the provisions of the Fr Protection of Privacy Act.) Supervisor Signature:	ue and accurate. eedom of Inform Date Signed: (MM	ation and	
Enter the supervisor's name and initials (repeat 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:	