

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.

“Petroleum Equipment Service Technicians” repair and maintain 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

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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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### 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 <b>Petroleum Equipment Service Technician</b> Experience Accumulated in Period:
From:                                  To:	
Job Title of Applicant:	

# PETROLEUM EQUIPMENT SERVICE 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)	
<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 (39)	SUPERVISOR DECLARATION RESPONSE	
<b>Applies Safe Work Practices</b>		
Controls workplace hazards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses personal protective equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies OSH Regulations and WorkSafe BC Standards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses fire safety practices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies first aid practices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies WHMIS practices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Applies Task Specific Safety Practices</b>		
Applies confined space awareness training	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies working at heights training	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies TDG training	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies mobile equipment training	<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:

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JOB TASKS (39)	SUPERVISOR DECLARATION RESPONSE	
<b>Uses Tools and Equipment</b>		
Uses hand tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses power tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses ladders and platforms	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses testing equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Organizes Work</b>		
Uses communication skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies mathematical principles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies electrical principles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Handles materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interprets drawings and specifications	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses manufacturer and supplier documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Organizes tasks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Maintains Environmental Standards</b>		
Assesses environmental hazards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Controls environmental standards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Installs/ Removes and Maintains Storage Tanks</b>		
Installs/Maintains above ground storage tanks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Removes above ground storage tanks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs/Maintains below ground storage tanks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Removes below ground storage tanks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Installs/ Removes and Maintains Fueling and Monitoring Systems</b>		
Removes petroleum piping systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs/Maintains petroleum piping and containment systems	<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:

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JOB TASKS (39)	SUPERVISOR DECLARATION RESPONSE	
Describes tank monitoring and leak detection systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains leak detection and tank monitoring system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Troubleshoots leak detection and tank monitoring systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Installs/ Removes and Maintains Pumps and Dispensers</b>		
Installs and removes suction pumps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains and repairs suction pumps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs and removes submersible pumps and dispensers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Uses Computers for Testing and Communication</b>		
Performs diagnostics and configures equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs software and hardware for point of sale and dispensing equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Calibrates equipment	<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)
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*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: