SECURITY SYSTEMS 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

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.

"Security System Technician" means a person who designs, installs, repairs, maintains, replaces, tests, services the operation of all electronic security systems in accordance with the provisions of the Security Services Act and regulations administered by Ministry of Public Safety and Solicitor General, Policing and Community Safety Branch, Security Programs and Police Technology Division.

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

- worked a minimum of **5,400 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 **Construction Electrician** or **Industrial Electrician** will be eligible to challenge this certification by documenting **4,400 hours** of directly related work experience.

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): From: To:	Total Number Hours of **Security Systems Technician** 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: ( )	Supervisor E-Mail Address:
Language(s) that the employer/supervisor can communicate: (check all that apply) ☐ English ☐ 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 (11)	SUPERVISOR DECLARATION RESPONSE	
Occupational Skills		
Basic trade knowledge	☐ Yes	☐ No
Safety practices and regulations	☐ Yes	☐ No
Survey Process		
Knowledge of and experience in surveying buildings and preparing for an installation	☐ Yes	☐ No
Cable Installation		
Knowledge and experience in drilling procedures for wood and concrete structures	☐ Yes	☐ No
Experience with splicing techniques	☐ Yes	☐ No
Experience with CCTV cable	☐ Yes	☐ No
Experience installing low and high voltage wires	☐ Yes	☐ No
Device Installation		
Knowledge and experience in heat sensors, smoke sensors, motion sensors, control panels and microchip installation	☐ 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 Initials:

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JOB TASKS (11)	SUPERVISOR DECLARATION RESPONSE	
Commissioning Systems		
Knowledge and experience in commissioning alarm systems	☐ Yes	☐ No
Customer Service		
Knowledge and experience of informing customers in the usage of security alarm systems	☐ Yes	☐ No
Troubleshooting		
Knowledge and experience in diagnosing electrical and sensor systems	☐ 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):	
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: