

MULTI-PROCESS ALLOY WELDING (MPAW)

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 Multi-Process Alloy Welding (MPAW)

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.

"Red Seal Welder with Multi-Process Alloy Welding Endorsement" means a person who has advanced training, skills and abilities to weld all materials, including specialized alloys, by any manual welding process, in any position, and other such work as is usually done by a Red Seal Welder with Multi-Process Alloy Welding (MPAW) Endorsement.

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

- Welder Certificate of Qualification with Red Seal Endorsement or Welder B Certificate of Qualification with Red Seal Endorsement (attach copy of document),
- worked a minimum of 1,350 hours as a journeyperson in the industry performing work specific to Multi-Process Alloy Welding, and
- experience performing all the welding procedures and other related job tasks listed in Section D of this form.

To obtain a SkilledTradesBC certification in this trade via challenge, requires successful completion of the following two exams:

- 1. Welder Interprovincial Red Seal exam, which will be administered by SkilledTradesBC, and
- 2. Welder Practical exam, which will be administered by the nearest welding college or testing institution on behalf of SkilledTradesBC.

Note: Scheduling and payment for the practical exam must be arranged through the welding college or testing institution. Further information on the practical exam locations will be provided ones your application is approved.

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 | on of Applicant | | |
|--|--|------------------------|--|
| Enter the business information for the a | pplicant's period of employment declared | for this trade. | |
| Name of Organization/Employer/Busi | ness: | | |
| 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 f | or this period of employment. | | |

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



MULTI-PROCESS ALLOY WELDING (MPAW)

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 disinformation given is current as the application will be denied if | | | . Ensure the | |
|--|-------------------------------|---------------------------------------|---------------------------------------|--|
| 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 communicat | e: (check all that apply) | | | |
| ☐ English ☐ Other (plea | ase specify): | | | |
| D. Supervisor Declaration of Job Task Perfo | ormance of Applicant | | | |
| By checking "Yes" or "No" in the Declaration Response column personally witnessed the applicant performing the welding pro- | | or of the applicar | nt, have | |
| WELDING PROCEDURES | | | SUPERVISOR DECLARATION RESPONSE | |
| Shielded Metal Arc Welding (SMAW): | | | | |
| Groove welds on steel plate - 2G, 3G and 4G position | | | ☐ No | |
| Groove welds on steel pipe – 6G position | | | ☐ No | |
| Gas Tungsten Arc Welding (GTAW): | | | | |
| Groove welds on low carbon steel pipe - 2G, 5G and 6G positions | | | ☐ No | |
| Groove welds on stainless steel pipe - 2G and 5G position | ns | ☐ Yes | ☐ No | |
| OTHER JOB TASKS PERFORMED OR KNOWLED | GE REQUIRED | SUPERVISOR DECLARATION RESPONSE | | |
| Fabricate weldments | | | | |
| Layout and assemble a square-to-square transition | | ☐ Yes | ☐ No | |
| Layout and assemble a square-to-round transition | | ☐ Yes | ☐ No | |
| Layout, assemble and weld a rolling offset | | ☐ Yes | ☐ No | |
| Supervisor must enter name and initials on every page of this fe | îorm | | | |
| Supervisor First and Last Name (Please Print): | | | | |
| I hereby certify, that to the best of my knowledge, the inform | | Supervisor's In | itials: | |



MULTI-PROCESS ALLOY WELDING (MPAW)

EMPLOYER DECLARATION OF WORK EXPERIENCE

 $Skilled Trades BC\ Customer\ Service$ 800 - 8100 Granville Ave. Richmond, BC V6Y 3T6

Tel: 778-328-8700 Fax: 778-328-8701 Toll Free: 1-866-660-6011

| OF WORK EAFERIENCE | customerservi | .ce@skilledtradesbc | |
|---|--|---------------------------------------|--|
| OTHER JOB TASKS PERFORMED OR KNOWLEDGE REQUIRED | DECL | SUPERVISOR DECLARATION RESPONSE | |
| Describe other metals and their welding processes: | | | |
| Non-ferrous alloys | ☐ Yes | ☐ No | |
| Reactive metals | ☐ Yes | ☐ No | |
| Aluminum, magnesium and zinc die castings | ☐ Yes | ☐ No | |
| E. Supervisor Signature I certify that the information I, as the current or former direct supervisor of the applicant, have provide Collection and protection of personal information on this form is in accordance with the provisions of Protection of Privacy Act.) | ed is true and accurate the Freedom of Inforn | e. (Note: mation and | |
| Supervisor Signature: | Date Signed: (MM | M/DD/YYYY) | |
| | | | |
| Supervisor must enter name and initials on every page of this form Supervisor First and Last Name (Please Print): | | | |
| hereby certify, that to the best of my knowledge, the information I am providing as a current or p supervisor of the applicant (as named on page 1 of this document), is true and accurate. | ast Supervisor's I | nitials: | |