

#### **OIL HEAT SYSTEM 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

To qualify to challenge certification in this trade, you must:

- Have worked a minimum of 9,600 hours performing some or all of the job tasks listed in Section D of this form, and
- Have experience performing at least **70**% of those tasks

# Holders of a military certificate in Plumbing and Heating Technician MT #304 / MT #646, QL5 or higher will be eligible to challenge the Oil Heat System Technician Inter-Provincial Red Seal examination.

This form is used to declare work experience for periods of employment. The information provided is used to verify the applicant's work experience in this trade. This form 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 by each Employer listed on the applicant's completed Application form. A Statutory Declaration of Work Experience form must be completed for periods during which the applicant was self-employed or a previous employer is unavailable to complete an Employer Declaration. For more information, see **Instructions for Certification Challenge**.

#### 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.** Supervisor Contact Information

Enter the name and contact information for the person who directly supervised the applicant at this employer. Ensure the information given is current as the application will be denied if this person cannot be contacted by SkilledTradesBC.

Name of Organiza	tion/Employer/Business:			
First and Last Nan	ne of Applicant's Direct Su	pervisor:	Supervisor Position or	: Title:
Suite Number:	Street Number and Name	:		
City:		Province:		Postal Code:
Business Number ( )	:	Mobile Phone Numbe ( )	er:	Supervisor E-Mail Address:

#### C. Employment Information of Applicant

Dates of Applicant's Employment (MM/DD/YYYY):	Total Number Hours of <b>Oil Heat System Technician</b> Experience
From: To:	Accumulated in that Period:

Enter the Supervisor and Applicant names from Page 1 on every page of this form

Supervisor First and Last Name:	Applicant First and Last Name:



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Job Title of Applicant:

## D. Supervisor Declaration of Job Task Performance

By checking "Yes" or "No" in the Declaration Response column, indicate whether or not you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed. Cross out any job tasks you did not see the applicant perform.

Job Tasks	Declar Resp	
Occupational Skills	Yes:	
Including: Using tools and equipment, Organizing work,	No:	
Fuel Supply and Storage Systems	Yes:	
Including: Installing fuel storage tanks, Installing fuel supply system.	No:	
Oil Fired Heating Systems	V	
Including: Installing and retrofits oil-fired and wood/oil appliances and components, Installing forced air heating systems, Installing hydronic heating systems.	Yes: No:	
Venting, Combustion Air And Make-Up Air		
Including: Installing venting systems, Installing equipment and components for combustion air and makeup	Yes:	
air.	No:	
Electrical/Electronic Systems	Yes:	
Including: Installing electrical and electronic systems, Testing electrical and electronic systems.	No:	
Maintenance, Repair and Removal	Yes:	
Including: Maintaining oil-fired heating systems and components, Diagnosing oil-fired heating systems and	No:	
components, Repairing oil-fired heating systems and components, Removing appliances and components	110.	

#### E. Confirmation of Prerequisite Credentials or Certificates

For some trades, evidence that the applicant has earned prerequisite credentials or certificates is required before the individual is permitted to challenge certification. For those trades, a current or previous employer must verify that the applicant has the required prerequisite credentials. Prerequisite credentials for this trade are listed below.

• There are no prerequisite credentials or certificates for this trade.

#### Enter the Supervisor and Applicant names from Page 1 on every page of this form

Supervisor First and Last Name:	Applicant First and Last Name:



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#### Supervisor Signature F.

I certify that the information I, as the current or former direct supervisor of the applicant, have provided is 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 name (Please Print):	Supervisor Signature:	Date Signed: (MM/DD/YYYY)

Enter the Supervisor and Applicant names from Page 1 on every page of this form

Supervisor First and Last Name:	Applicant First and Last Name:

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