

# TOOL AND DIE MAKER

## EMPLOYER DECLARATION OF WORK EXPERIENCE

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

- Hold a Machinist Certificate of Qualification with Interprovincial Red Seal Endorsement
- Have worked a minimum of **2,700 hours** performing the job tasks listed in Section D, and
- Have experience performing at least **70%** of those job tasks

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:
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### 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 Organization/Employer/Business:		
First and Last Name of Applicant's Direct Supervisor:		Supervisor Position or Title:
Suite Number:	Street Number and Name:	
City:	Province:	Postal Code:
Business Number: ( )	Mobile Phone Number: ( )	Supervisor E-Mail Address:

### C. Employment Information of Applicant

Dates of Applicant's Employment (MM/DD/YYYY):		Total Number Hours of <b>Tool and Die Maker</b> Experience Accumulated in that Period:
From:	To:	
Job Title of Applicant:		

*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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**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.

Job Tasks	Declaration Response
<b>Common Occupational Skills:</b> Performs Safety Related Functions, Maintains Machine and Cutting Tools, and Accessories; Organizes Work; Performs Benchwork; Uses Communication and Mentoring Techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Operates Machine Tools:</b> Sets up and Operates Power Saws, Drill Presses, Conventional Lathes, Conventional Milling Machines, Grinding Machines, Computer Numerical Control (CNC) Machines, Electrical Discharge Machines (EDM).	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Performs Heat Treatment:</b> Heat treats materials and tests heat treated materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Performs Design &amp; Development of Prototypes and Production Tools:</b> Performs production tool design; develops prototype; fits and assembles production tools; proves out production tools; repairs and maintains production tools.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

**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, you must prove you have the required prerequisite credentials

I declare that I have attained the prerequisite credentials or certification required to be considered eligible to challenge in this trade:

- Machinist Certificate of Qualification with a Red Seal Endorsement       Copy of certificate attached

**F. Supervisor Signature**

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: