

BROADBAND NETWORK 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

Legal Last Name:

customerservice@skilledtradesbc.ca

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

- Have worked a minimum of **6,160 hours** performing the tasks listed in Section D, and
- Have experience performing at least 70% of those 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**.

Legal Middle Name(s):

A. Applicant Name

Legal First Name:

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

| Name of Organiza | tion/Employer/Business: | | | | |
|--|-------------------------|------------------|-------------------------------|--|--|
| First and Last Name of Applicant's Direct Supervisor: | | | Supervisor Position or Title: | | |
| Suite Number: | Street Number and Name | e: | | | |
| City: | | Province: | | Postal Code: | |
| Business Number | : | Mobile Phone Num | ber: | Supervisor E-Mail Address: | |
| . Employ | ment Information o | f Applicant | | | |
| Dates of Applicant's Employment (MM/DD/YYYY): From: To: | | YYY): | | Total Number Hours of Broadband Network Technician Experience Accumulated in that Period: | |
| ob Title of Applic | cant: | | | | |



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D. Supervisor Declaration of Job Task Performance

| By checking "yes" or "no", indicate in the "Declaration Response" column whether the applicant performed the following tasks during the period of employment with the organization indicated on Part 1 of the Statutory Declaration. Cross out any tasks that were not performed. | | Declaration Response | |
|--|------|-------------------------|--|
| Trade Safety: Use personal protective equipment, practice safe working procedures. | | | |
| | | | |
| Broadband RF Systems and Components: Describe RF signal distribution systems, describe television systems, apply decibel theory and mathematics, describe broadband communications architecture, describe broadband system amplifiers, interpret broadband RF system designs, describe components of subscriber installations, describe structured cabling systems, describe transmission systems and components | | | |
| | | | |
| Broadband System Construction, Installation and Upgrade: Construct broadband systems (outside plant), perform broadband systems installations. | | | |
| | | | |
| Maintain and Repair Broadband Systems: Use testing tools and equipment, perform routine and preventative maintenance on broadband systems, describe signal leakage, describe digital signal maintenance and repair, | Yes: | | |
| troubleshoot modem operation, repair broadband systems, maintain and repair broadband amplifiers. | No: | | |
| Headend: Describe headend and components, maintain and repair headend. | | | |
| | No: | | |
| Fiber Optic Systems and Components: Describe fiber optic technologies and components, describe fiber-to-the-premise (FTTP) architecture and components, maintain and repair fiber optic systems. | | | |
| | | | |
| Maintain and Repair Broadband Powering Systems: Maintain and repair the power distribution system of a broadband network, maintain and repair power supply systems for broadband networks. | | | |
| | No: | | |

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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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.

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: |
|---------------------------------|--------------------------------|
| | |