

# 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 or Supervision and Sign-Off Authority.

To qualify to challenge certification in this trade or be granted authority to supervise and sign-off on apprentices in this trade, individuals must have:

- worked a minimum of 9,990 hours performing the tasks listed in Section D, and
- experience performing at least 70% of the job tasks listed in Section D

#### A. Applicant Name

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

Legal First Name:	Legal Middle Name	e(s): Legal Last Name:
B. Employment Infor	mation of Applicant	
Enter the business information for	or the applicant's period of empl	oyment declared for this trade.
Name of Organization/Employer/B	usiness:	
Mailing Address:		City:
Province/ State:	Country:	Postal Code/ Zip Code:
Business Phone Number:	Website:	
Enter the dates and number of h	ours for this period of employ	ment.
Dates of Applicant's Employment (I	MM/DD/YYYY):	Total Number Hours of <b>Insulator (Heat and Frost)</b> Experience
From:	То:	Accumulated in that Period:
Job Title of Applicant:		
Enter the supervisor and applica	nt names (repeat on every page	of this form)

Applicant First and Last Name:

Supervisor First and Last Name:



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#### **Supervisor Contact Information** C.

Enter the name and contact information for the person who directly supervised the applicant during this employment period. Ensure the

First and Last Name of Applicant's Direct Supervisor:		Supe	Supervisor Position or Title:					
Supervisor's Phone Number:			Supervisor E-Mail Address:					
Language(s) that the employer/super	wisor can communicate: (	check all that an	nlv)					
_		_						
☐ English	Other (pl	lease specify): _						
D. Supervisor Declarat	ion of Job Task Pe	erformance	of Applica	nt				
By checking "Yes" or "No" in the D personally witnessed the applicant	eclaration Response colu	umn, indicate v			sor of the applican	it, have		
Job Tasks (46)						Decla Resp	ration onse	
PERFORM SAFETY-RELATED FU Use personal protective 6		fety equipment				Yes:		
Ose personal protective c	equipment (11 L) and saw	ety equipment				No:		
Maintain safe work envir	ronment					Yes: No:		
USE AND MAINTAIN TOOLS AN	ID EQUIPMENT							
Use tools and equipment	=					Yes: No:		
Use access equipment						Yes: No:		
ORGANIZE WORK						Yes:		
Perform task scheduling						No:		
Organize materials on sit	te					Yes: No:		
USE COMMUNICATION AND M	ENTORING TECHNIQU	JES				Yes:		
Use communication and	-					No:		
PERFORM ROUTINE TRADE PRA						Yes:		
Perform measurements a	and calculations					No:		
Interpret specifications a	and drawings					Yes: No:		
						1		
Enter the supervisor and applicant	t names (repeat on every	page of this for	m)					
Supervisor First and Last Name:		Applica	nt First and Last I	Name:				



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Job Tasks (46)			
Prepare substrates	Yes: No:		
Select materials	Yes: No:		
Perform layout			
INSULATE PIPING AND FITTINGS Install insulation on piping, fittings and hangers			
Apply vapour barriers on piping and fittings			
Install cladding, jacketing and finishes on piping and fittings	Yes: No:		
INSULATE TANK, VESSELS AND EQUIPMENT Install insulation on tanks, vessels and equipment			
Apply vapour barriers on tanks, vessels and equipment			
Install cladding, jacketing and finishes on tanks, vessels and equipment			
INSULATE PLUMBING AND MECHANICAL PIPING SYSTEMS  Install insulation on plumbing and mechanical piping systems			
Apply vapour barrier on insulated plumbing and mechanical piping systems			
Install cladding, jacketing and finishes on insulated plumbing and mechanical piping systems			
INSULATE MECHANICAL DUCTING Install insulation on mechanical ducting			
Install vapour barrier on insulated mechanical ducting			
Install cladding, jacketing and finishes on insulated mechanical ducting			
INSULATE MECHANICAL EQUIPMENT Install insulation on mechanical equipment	Yes: No:		
Enter the supervisor and applicant names (repeat on every page of this form)			
Supervisor First and Last Name: Applicant First and Last Name:			



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Job Tasks (46)		
Apply vapour barrier on insulated mechanical equipment	Yes: No:	
INSTALL FIRE STOP SYSTEMS  Identify approved fire stop system	Yes: No:	
Apply fire stop materials to architectural, structural, mechanical and electrical components	Yes: No:	
INSULATE FOR SOUNDPROOFING Insulate piping and equipment for soundproofing	Yes: No:	
Install acoustic assemblies for soundproofing	Yes: No:	
INSTALL REMOVABLE COVER Fabricate removable covers	Yes: No:	
Fasten removable covers	Yes: No:	
INSTALL UNDERGROUND INSULATING SYSTEMS Install pipe insulation to underground systems	Yes: No:	
Install pour-in-place and spray-on insulation to underground systems	Yes: No:	
SPRAY SEALERS, COATINGS AND SPRAY-ON INSULATION  Prepare material, equipment, surrounding work area and substrate for spraying	Yes: No:	
Apply reinforcing material, spray insulation, coatings and sealers	Yes: No:	
INSTALL FIREPROOFING Apply fireproofing to architectural, structural, mechanical and electrical components	Yes: No:	
Apply protective covering to fireproofing materials	Yes: No:	
INSTALL INSULATION FOR REFRACTORY SYSTEMS Apply insulation to refractory systems	Yes: No:	
Install reflective systems	Yes: No:	
Install cladding, jacketing and finishes to refractory systems	Yes: No:	
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Supervisor First and Last Name:  Applicant First and Last Name:		



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Job Tasks (46)					Declaration Response	
INSTALL INSULATION FOR CRYOGENIC SYSTEM	1S				Yes:	
Apply insulation to cryogenic systems					No:	
Apply vapour barriers to insulated components of cryogenic systems					Yes: No:	
Install cladding, jacketing and finishes to cryogenic systems					Yes: No:	
INSULATE FOR MARINE APPLICATIONS  Insulate bulkheads, deckheads and hulls; Install cladding, jacketing and finishes on marine applications					Yes: No:	
PERFORM ASBESTOS ABATEMENT Prepare for asbestos abatement; Remove an	nd maintain a	sbestos; Perform lead abate	ement and mo	ould remediation	Yes: No:	
Act.) Supervisor name (Please Print):	Supervisor S	ignature:	Date Signed: (MM/DD/YYYY)			
Enter the supervisor and applicant names (repeat on Supervisor First and Last Name:		f this form) Applicant First and Last Nam	ıe:			