



**C. Supervisor Contact Information**

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

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 communicate: (check all that apply)	
<input type="checkbox"/> English <input type="checkbox"/> Other (please specify): _____	

**D. Supervisor Declaration of Job Task Performance of Applicant**

By checking “Yes” or “No” in the Declaration Response column, indicate whether you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed.

<b>Job Tasks (46)</b>	<b>Declaration Response</b>
<b>PERFORM SAFETY-RELATED FUNCTIONS</b> Use personal protective equipment (PPE) and safety equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintain safe work environment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>USE AND MAINTAIN TOOLS AND EQUIPMENT</b> Use tools and equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use access equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>ORGANIZE WORK</b> Perform task scheduling	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Organize materials on site	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>USE COMMUNICATION AND MENTORING TECHNIQUES</b> Use communication and mentoring techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>PERFORM ROUTINE TRADE PRACTICES</b> Perform measurements and calculations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Interpret specifications and drawings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

*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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**INSULATOR (HEAT AND FROST)**

**EMPLOYER DECLARATION  
OF WORK EXPERIENCE**

<b>Job Tasks (46)</b>	<b>Declaration Response</b>
Prepare substrates	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Select materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform layout	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>INSULATE PIPING AND FITTINGS</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install insulation on piping, fittings and hangers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply vapour barriers on piping and fittings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install cladding, jacketing and finishes on piping and fittings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>INSULATE TANK, VESSELS AND EQUIPMENT</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install insulation on tanks, vessels and equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply vapour barriers on tanks, vessels and equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install cladding, jacketing and finishes on tanks, vessels and equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>INSULATE PLUMBING AND MECHANICAL PIPING SYSTEMS</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install insulation on plumbing and mechanical piping systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply vapour barrier on insulated plumbing and mechanical piping systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install cladding, jacketing and finishes on insulated plumbing and mechanical piping systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>INSULATE MECHANICAL DUCTING</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install insulation on mechanical ducting	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install vapour barrier on insulated mechanical ducting	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install cladding, jacketing and finishes on insulated mechanical ducting	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>INSULATE MECHANICAL EQUIPMENT</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install insulation on mechanical equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

*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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**INSULATOR (HEAT AND FROST)**

**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

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

*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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**INSULATOR (HEAT AND FROST)  
EMPLOYER DECLARATION  
OF WORK EXPERIENCE**

Job Tasks (46)	Declaration Response
<b>INSTALL INSULATION FOR CRYOGENIC SYSTEMS</b> Apply insulation to cryogenic systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply vapour barriers to insulated components of cryogenic systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install cladding, jacketing and finishes to cryogenic systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>INSULATE FOR MARINE APPLICATIONS</b> Insulate bulkheads, deckheads and hulls; Install cladding, jacketing and finishes on marine applications	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>PERFORM ASBESTOS ABATEMENT</b> Prepare for asbestos abatement; Remove and maintain asbestos; Perform lead abatement and mould remediation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

**E. 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 (repeat on every page of this form)*

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