

# LOCKSMITH

## EMPLOYER DECLARATION OF WORK EXPERIENCE

To qualify to challenge certification in this trade, individuals must have:

- worked a minimum of **5,400 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D

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): From:    To:	Total Number Hours of <b>Locksmith</b> Experience Accumulated in that Period:
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. Cross out any job tasks you did not see the applicant perform.

<b>Job Tasks</b>	<b>Declaration Response</b>
<b>Use Safe Work Practices</b> <b>Includes:</b> demonstrate workplace safety, Use WHMIS, Practice Fire Prevention	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Organize Work</b> <b>Includes:</b> Explain the locksmith trade, interprets blueprints, applies codes and regulations, performs material handling, performs customer sales and services, performs security consultation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Use Tools and Equipment</b> <b>Includes:</b> Uses hand tools, uses power tools, uses key-cutting equipment, can describe welding	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Create Keys</b> <b>Includes:</b> Duplicates keys, originates keys	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Install and Service Locks</b> <b>Includes:</b> installs, repair and service locks, can open secured entry, installs and services high security hardware, services automotive locks, installs and services safes, vaults and safe deposit boxes.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Install Hardware</b> <b>Includes:</b> repair doors and frames, installs door closers, installs panic hardware, and services other hardware.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Install Electrical and Electronic Components and Hardware</b> <b>Includes:</b> describes electrical and electronic theory, installs access controls, repairs and installs electrical and electronic hardware, tests and commission electrical and electronic installations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Develop Master Key Systems</b> <b>Includes:</b> plan master key systems, generates bitting list and pinning charts, master key cylinders, maintain accurate records.	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, a current or previous employer must verify that the applicant has the required prerequisite credentials.

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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OF WORK EXPERIENCE**

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Fax: 778-328-8701  
Toll Free: 1-866-660-6011  
customerservice@skilledtradesbc.ca

**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)
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*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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