

MARINE ELECTRICIAN ENDORSEMENT

EMPLOYER DECLARATION OF WORK EXPERIENCE

To qualify to challenge the Marine Electrician endorsement, you must:

- Be a certified journeyperson, holding a Construction Electrician Certificate of Qualification with Red Seal Endorsement **or** an Industrial Electrician Certificate of Qualification with Red Seal Endorsement.
- Have a minimum of **2,520** hours working as a journeyperson in the Shipbuilding and Repair industry.
- Have experience performing at least 70% of the competencies listed in Section D of this form.

To obtain a SkilledTradesBC endorsement in this trade via challenge requires successful completion of the Marine Electrician Endorsement exam, which will be administered by SkilledTradesBC.

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:

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**

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

C. Employment Information of Applicant

Dates of Applicant’s Employment (MM/DD/YYYY): From: _____ To: _____	Total Number Hours of Marine Electrician Experience Accumulated in that Period: _____
Job Title of Applicant: _____	

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.

Job Tasks	Declaration Response
Knowledge of the Marine Industry Includes: using ship terminology, knowledge of hazards in shipboard and shipyard work environments, using applicable regulations and standards.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Marine Wiring Methods Includes: Installing marine electrical cables and transits, terminating cable shielding specific to marine cables, packing transits and deck tubes, installing wireways, applying corrosion protection methods in a marine environment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Power Generation Includes: Installing marine electrical cables and transits, terminating cable shielding specific to marine cables, packing transits and deck tubes, installing wireways, applying corrosion protection methods in a marine environment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Shipboard Systems and Controls Includes: installing and maintaining service marine control systems, alarms and monitoring systems, communication systems and marine navigation systems, installing and testing batteries, knowledge of cathodic protection.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Testing and Troubleshooting Includes: following routine testing and certification requirements, monitoring the planer, performing insulation testing, interpreting schematics and wiring diagrams and troubleshooting systems using a PLC.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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.

For this endorsement, an applicant must already be certified as a Construction Electrician or an Industrial Electrician

I have verified that the applicant has attained the prerequisite credentials or certification required to be considered eligible to challenge or receive Supervision and in this trade:

- | | | | |
|--------------------------|---|--------------------------|------------------------------|
| <input type="checkbox"/> | Construction Electrician Certificate of Qualification with Red Seal Endorsement | <input type="checkbox"/> | Copy of certificate attached |
| | OR | | |
| <input type="checkbox"/> | Industrial Electrician Certificate of Qualification with Red Seal Endorsement | <input type="checkbox"/> | 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)
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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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