

PETROLEUM EQUIPMENT INSTALLER

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

Legal Last Name:

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 4,500 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 or Supervision and Sign-Off Authority**.

Legal Middle Name(s):

A. Applicant Name

Legal First Name:

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

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B. Superv	risor Contact Informa	ntion		
	and contact information for t application will be denied if t			at this employer. Ensure the information given sBC.
Name of Organiza	ation/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. Emplo	yment Information o	f Applicant		
Dates of Applicant's Employment (MM/DD/YYYY): From: To:		<i>(</i>):	Total Number Hours of Petroleum Equipment Installer Experience Accumulated in that Period:	
Job Title of Applic	ant:			
Enter the Super	visor and Applicant names fro	om Page 1 on every nage	of this form	

Applicant First and Last Name:

Supervisor 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.

Job Tasks		Declaration Response	
	Kesp	onse	
Apply Safe Work Practices			
Includes: control workplace hazards; use personal protective equipment; apply OSH Regulations and WorkSafe BC Standards; use fire safety practices; apply first aid practices, apply WHMIS practices			
Apply Task Specific Safety Practices			
Includes: apply confined space awareness training; apply working at heights training; apply TDG training; apply mobile equipment training	Yes: No:		
Use Tools and Equipment			
Includes: use hand tools; use power tools; use ladders and platforms; use testing equipment	Yes: No:		
Organize Work			
Includes: use communication skills; apply mathematical principles; handle materials; interpret drawings and specifications; use manufacturer and supplier documentation; plan a project	Yes: No:		
Maintain Environmental Standards			
Includes: assess environmental hazards; control environmental standards	Yes: No:		
Install/ Remove and Maintain Storage Tanks			
Includes: install/maintain above ground storage tanks; remove above ground storage tanks; install/maintain below ground storage tanks; remove below ground storage tanks	Yes: No:		
Install/ Remove and Maintain Fueling and Monitoring Systems			
Includes: remove petroleum piping systems; install/maintain petroleum piping and containment systems; describe tank monitoring and leak detection systems	Yes: No:		
Install/ Remove and Maintain Pumps and Dispensers			
Includes: install and remove suction pumps; maintain and repair suction pumps; install and remove submersible pumps and dispensers; maintain and repair submersible pumps and dispensers	Yes: No:		

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 or receive Supervision and Sign-Off Authority. For those trades, a current or previous employer must verify that the applicant has the required prerequisite credentials.

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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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

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: