

PETROLEUM EQUIPMENT SERVICE TECHNICIAN

EMPLOYER DECLARATION OF WORK EXPERIENCE

SkilledTradesBC Customer Service
800 – 8100 Granville Ave.
Richmond, BC V6Y 3T6
Tel: 778-328-8700
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Toll Free: 1-866-660-6011
customerservice@skilledtradesbc.ca

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**.

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 Petroleum Equipment Service Technician 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.

Job Tasks	Declaration Response
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	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply Task Specific Safety Practices Includes: apply confined space awareness training; apply working at heights training; apply TDG training; apply mobile equipment training	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use Tools and Equipment Includes: use hand tools; use power tools; use ladders and platforms; use testing equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Organize Work Includes: use communication skills; apply mathematical principles; apply electrical principles; handle materials; interpret drawings and specifications; use manufacturer and supplier documentation; organize tasks	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintain Environmental Standards Includes: assess environmental hazards; control environmental standards	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
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: <input type="checkbox"/> No: <input type="checkbox"/>
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; maintain leak detection and tank monitoring system; troubleshoot leak detection and tank monitoring systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
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: <input type="checkbox"/> No: <input type="checkbox"/>
Use Computers for Testing and Communication Includes: perform diagnostics and configure equipment; install software and hardware for point of sale and dispensing equipment; calibrate equipment	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 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.

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 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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