

EMPLOYER DECLARATION OF WORK EXPERIENCE

SkilledTradesBC Customer Service 800 - 8100 Granville Ave Richmond, BC V6Y 3T6 Tol. 778 328 8700

Tel: 778-328-8700 Fax: 778-328-8701 Toll Free: 1-866-660-6011

customerservice@skilledtradesbc.ca

This form is used to declare work experience for periods of employment and 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 for each period of employment.

This form is not to be used for periods of self-employment. For more information, see Instructions for Certification Challenge or Supervision and Sign-Off Authority.

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 **9,450 hours** performing the tasks listed in Section D, and
- experience performing at least 70% of the job tasks listed in Section D

Holders of a **Certificate of Qualification (CofQ)** in **Steamfitter/Pipefitter** or **Sprinkler Fitter** will be eligible to challenge this certification by documenting **4,950** hours of directly related work experience.

Holders of a military certificate in Plumbing and Heating Technician MT #304 / MT #646, QL5 or higher will be eligible to challenge this certification.

A. Applicant Name

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

Legai First Name:	Legai Middle Name(s):		Legai Last Name:	
B. Employment Information of Enter the business information for the applicant		ent declared for this trade	e.	
Name of Organization/Employer/Business:				
Mailing Address:			City:	
Province/ State:	Country:		Postal Code/ Zip Code:	
Business Phone Number: ()	Website:			
Enter the dates and number of hours for this	period of employment			
Dates of Applicant's Employment (MM/DD/YYYY):	Total Number Hours of	Plumber Experience Accumulated in that Period:	
From: To:				
Job Title of Applicant:				
Enter the supervisor and applicant names (repeat on every page of this form)				
Supervisor First and Last Name:	App	licant First and Last Name	9:	



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C. Supervisor Contact Information

First and Last Name of Applicant's Direct Supervisor:

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.

Supervisor Position or Title:

Supervisor's Phone Number: ()	Supervisor E-Mail Address:		
Language(s) that the employer/supervisor can communicate: (check a	all that apply)		
☐ English ☐ Other (please sp	pecify):		
D. Supervisor Declaration of Job Task Perform	mance of Applicant		
By checking "Yes" or "No" in the Declaration Response column, in personally witnessed the applicant performing the job tasks listed	ndicate whether you, as the direct supervisor of the applican l.	ıt, have	
Job Tasks (71)		Declar Respo	
PERFORM SAFETY-RELATED FUNCTIONS		Yes:	
Maintains safe work environment		No:	
Use personal protective equipment (PPE) and safety eq	uinment	Yes:	
ose potostiai protective equipment (112) and saiet, eq		No:	
Perform lock-out and tag-out procedures		Yes:	
Tonomicon durant ing out procedures		No:	
Practice fire prevention		Yes:	
		No:	
USE TOOLS AND EQUIPMENT		Yes:	
Use common tools and equipment		No:	
Use access equipment		Yes:	
		No:	
Use rigging, hoisting, lifting and positioning equipment		Yes:	
		No:	
Rig loads for cranes		Yes:	
		No:	
Use soldering and brazing equipment		Yes:	
		No:	
Use oxy-fuel cutting equipment		Yes:	
3 0 1 1		No:	
Enter the supervisor and applicant names (repeat on every page o	of this form)		
Supervisor First and Last Name:	Applicant First and Last Name:		



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Toll Free: 1-866-660-6011 customerservice@skilledtradesbc.ca

Job Tasks (71)			ation onse
Use welding equipment	Yes	s:	
	No	:	
Use technical instruments and testers	Yes		
PERFORM ROUTINE TRADE ACTIVITIES	No		
Use mathematics and science	Yes		
Interpret drawings and specifications	Yes		
Use codes, regulations and standards	Yes	s:	
	No	:	
Use manufacturer's documentation	Yes	s:	
	No	:	
Perform piping system layout	Yes	s:	
	No	:	
PREPARE PIPING AND COMPONENTS	Yes	s:	
Prepare pipe	No	:	
Join tube, tubing and pipe	Yes	s:	
	No	:	
Install pipe and fittings	Yes	s:	
	No	:	
Install valves	Yes		
	No		
Penetrate structures	Yes		
INSTALL PLUMBING FIXTURES AND APPLIANCES Install fixtures	Yes		
Instali lixtures	110	•	
Install appliances	Yes		
	No		
Commission fixtures and appliances	Yes		
Service fixtures and appliances	Yes		
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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Declaration Job Tasks (71) Response **USE COMMUNICATION TECHNIQUES** Yes: Use communication techniques and mentoring techniques No: INSTALL SEWERS AND SEWAGE TREATMENT SYSTEMS Yes: No: Install piping for sewers Yes: Install manholes and catch basins No: Yes: Test and service manholes, catch basins and piping for sewers No: Yes: Install sewage treatment system components No: Yes: Test and service sewage treatment system components No: INSTALL DRAINAGE, WASTE AND VENT (DWV) SYSTEMS Yes: No: Install sanitary drainage systems Yes: Install storm drainage systems No: Yes: Test and service sanitary and storm drainage systems No: INSTALL WATER SERVICES AND DISTRIBUTION SYSTEMS Yes: П No: Install water services Install potable water distribution systems Yes: Yes: П Test and service water service piping and distribution systems No: Yes: Commission water service and distribution systems No: INSTALL CROSS CONNECTION CONTROL DEVICES AND ASSEMBLIES Yes: Install and test cross connection control devices and assemblies No: Service cross connection controls and assemblies Yes: No: Enter the supervisor and applicant names (repeat on every page of this form)

Applicant First and Last Name:

Supervisor First and Last Name:



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Declara Respo	
Yes:	
No:	
Yes: No:	
Yes: No:	
Yes: No:	
Yes:	
No:	
Yes: No:	
Yes:	
No:	
Yes: No:	
Yes:	
No:	
Yes: No:	
_	No: Yes:



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Job Tasks (71)		Declaration Response	
Test and service specialized systems	Yes: No:		
Commission specialized systems	Yes: No:		
APPLY ELECTRICAL CONCEPTS Use the principles of electricity, use electrical wiring diagrams and schematics; interpret the Canadian Electrical Code (CEC)	Yes: No:		
Apply single phase motor theory	Yes: No:		
Apply three phase motor theory	Yes: No:		
Apply wiring practices	Yes: No:		
PLAN GAS FIRED APPLIANCE SYSTEM INSTALLATIONS Size piping and tubing systems	Yes: No:		
Select regulators, valves and valve train components	Yes: No:		
Select gas-fired appliances	Yes: No:		
Select flame safe guards	Yes: No:		
Select burners	Yes: No:		
INSTALL GAS FIRED SYSTEMS Install piping and tubing systems	Yes: No:		
Install regulators, valves and valve trains	Yes: No:		
Install air supply systems	Yes: No:		
Commission fuel/air delivery systems	Yes: No:		
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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.)

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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: