

SECURITY SYSTEMS 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
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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.

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

Holders of a **Certificate of Qualification** in **Construction Electrician** or **Industrial Electrician** will be eligible to challenge this certification by documenting **4,400 hours** of directly related work experience.

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. Employment Information of Applicant

Enter the business information for the applicant's period of employment declared for this trade.

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): From: To:	Total Number Hours of Security Systems Technician Experience Accumulated in that Period:
Job Title of Applicant:	

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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C. Supervisor Contact Information

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.

First and Last Name of Applicant's Direct Supervisor:	Supervisor Position or Title:
Supervisor's Phone Number: ()	Supervisor E-Mail Address:
Language(s) that the employer/supervisor can communicate: (check all that apply)	
<input type="checkbox"/> English <input type="checkbox"/> Other (please specify): _____	

D. Supervisor Declaration of Job Task Performance of Applicant

By checking "Yes" or "No" in the Declaration Response column, indicate whether you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed.

Job Tasks (7)	Declaration Response
OCCUPATIONAL SKILLS Basic trade knowledge, safety practices and regulations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
SURVEY PROCESS Knowledge of and experience in surveying buildings and preparing for an installation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
CABLE INSTALLATION Knowledge and experience in drilling procedures for wood and concrete structures; experience with splicing techniques; experience with CCTV cable; experience installing low and high voltage wires	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
DEVICE INSTALLATION Knowledge and experience in heat sensors, smoke sensors, motion sensors, control panels and microchip installation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
COMMISSIONING SYSTEMS Knowledge and experience in commissioning alarm systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
CUSTOMER SERVICE Knowledge and experience of informing customers in the usage of security alarm systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
TROUBLESHOOTING Knowledge and experience in diagnosing electrical and sensor systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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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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.)

Supervisor name (Please Print):	Supervisor Signature:	Date Signed: (MM/DD/YYYY)
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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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