

**SPRINKLER FITTER
EMPLOYER DECLARATION
OF WORK EXPERIENCE**

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 **9,720 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** with **Inter-Provincial Red Seal Endorsement** in **Plumber or Steamfitter / Pipefitter** will be eligible to challenge this certification by documenting **4,950 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):		Total Number Hours of Sprinkler Fitter 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:	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 (40)	Declaration Response
PERFORM SAFETY-RELATED FUNCTIONS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintains safe work environment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use personal protective equipment (PPE) and safety equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform lock-out and tag-out procedures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use fire extinguishers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USE TOOLS AND EQUIPMENT	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use common tools and equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use access equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use rigging, hoisting, lifting and positioning equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use soldering and brazing equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PERFORM ROUTINE TRADE ACTIVITIES	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use mathematics and science	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Supervisor First and Last Name:	Applicant First and Last Name:
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Job Tasks (40)	Declaration Response
Interpret drawings and specifications	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use codes, regulations and standards	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use manufacturer's documentation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform piping system layout	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL PIPING AND COMPONENTS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Prepare pipe and tubing	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Join tube, tubing and pipe	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install pipe and tubing	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install valves	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install fittings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install piping components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL WATER-BASED SYSTEMS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install wet pipe systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install dry pipe systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install antifreeze systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install preaction/deluge systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install standpipe systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install foam systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks (40)	Declaration Response
Install water mist and hybrid systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USE COMMUNICATION TECHNIQUES Use communication and mentoring techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL WATER SUPPLY Install underground water supply	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install fire department connections	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install fire pumps units	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install private water systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install and test cross connection control components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL FIRE SUPPRESSION SYSTEMS AND DEVICES Install detection systems and devices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install alarm-initiating devices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install dry and wet chemical, clean agent and carbon dioxide systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install portable extinguishers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install spark detection systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
COMMISSION AND MAINTAIN SYSTEMS Commission systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Inspect and test fire protection systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintain and repair fire protection 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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Fax: 778-328-8701
Toll Free: 1-866-660-6011
customerservice@skilledtradesbc.ca

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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