

REFRIGERATION AND AIR CONDITIONING MECHANIC

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

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.

To qualify to challenge certification in this trade, individuals must have:

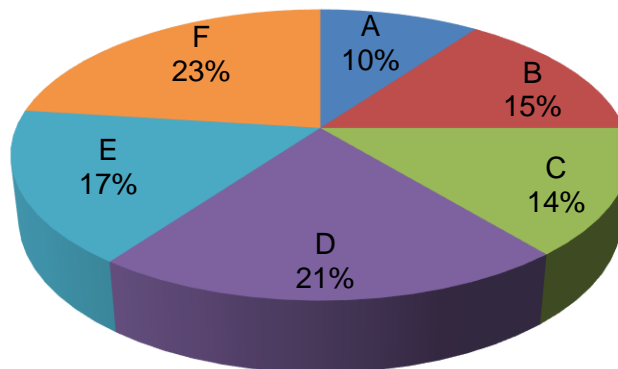
- worked a minimum of **9,315 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D

Holders of a **military certificate** in **Refrigeration and Mechanical Technician (MT #301 / MT #641), QL5 or higher** will be eligible to challenge this certification.

Red Seal Exam Weighting

This pie chart represents the distribution of questions on the Red Seal Exam. The self-assessment on the next pages shows the Tasks and Sub-tasks within each Major Work Activity and the number of questions assigned to each Major Work Activity and Task.

The Red Seal Exam for this trade has **125 questions**.



	Major Work Activity / Exam Section	Exam Weightage	Number of Questions in Exam
A	Performs common occupational skills	10%	13
B	Performs routine trade activities	15%	19
C	Plans installation	14%	18
D	Performs installation	21%	26
E	Performs commissioning	17%	21
F	Performs maintenance and service	23%	28

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 Refrigeration and Air conditioning mechanic Experience Accumulated in that Period:
From:	To:	
Job Title of Applicant:		

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): _____	

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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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	Number of questions on the Red Seal exam	SUPERVISOR DECLARATION RESPONSE
A – PERFORMS COMMON OCCUPATIONAL SKILLS (10%)		
<p>Task-1 Performs safety-related functions</p> <ul style="list-style-type: none"> - Maintains safe work environment. - Performs lock-out, tagout and isolation procedures. - Uses personal protective equipment (PPE) and safety equipment. 	3	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Task-2 Uses tools and equipment</p> <ul style="list-style-type: none"> - Uses hand tools. - Uses portable and stationary power tools. - Uses brazing and soldering equipment. - Uses recovery and recycling tools and equipment. - Uses evacuation tools and equipment. - Uses charging tools and equipment. - Uses diagnostic and measuring tools and equipment. - Uses access equipment. - Uses rigging, hoisting and lifting equipment. - Uses digital technology. 	5	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Task-3 Organizes work</p> <ul style="list-style-type: none"> - Interprets drawings and specifications. - Uses documentation and reference material. - Plans job tasks and procedures. 	3	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Task-4 Uses communication and mentoring techniques</p> <ul style="list-style-type: none"> - Uses communication techniques. - Uses mentoring techniques. 	2	<input type="checkbox"/> Yes <input type="checkbox"/> No

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JOB TASKS	Number of questions on the Red Seal exam	SUPERVISOR DECLARATION RESPONSE
B – PERFORMS ROUTINE TRADE ACTIVITIES (15%)		
Task-5 Performs work site preparation - Prepares work site. - Handles materials and supplies.	5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-6 Performs trade activities - Performs trade activities. - Performs leak and pressure tests on system. - Evacuates systems. - Uses refrigerants, gases and oils. - Performs field wiring of systems. - Applies sealants and adhesives.	14	<input type="checkbox"/> Yes <input type="checkbox"/> No
C – PLANS INSTALLATION (14%)		
Task-7 Plans installation of HVAC/R systems - Verifies HVAC/R system parameters and requirements. - Selects HVAC/R equipment, components and accessories. - Determines placement of HVAC/R equipment, components and accessories. - Performs HVAC/R material take-off.	11	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-8 Plans installation of control systems - Verifies control system parameters and requirements. - Selects control system components and accessories. - Determines placement of control system components and accessories. - Performs control system material take-off.	7	<input type="checkbox"/> Yes <input type="checkbox"/> No
D – PLANS INSTALLATION (21%)		
Task-9 Installs HVAC/R systems - Confirms system layout. - Assembles HVAC/R equipment, components and accessories. - Places HVAC/R equipment, components and accessories.F	16	<input type="checkbox"/> Yes <input type="checkbox"/> No

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JOB TASKS	Number of questions on the Red Seal exam	SUPERVISOR DECLARATION RESPONSE
<ul style="list-style-type: none"> - Installs fasteners, brackets and hangers. - Installs HVAC/R piping and tubing. - Applies HVAC/R holding charge. 		
Task-10 Installs control systems <ul style="list-style-type: none"> - Places control system components. - Connects control systems. 	10	<input type="checkbox"/> Yes <input type="checkbox"/> No
E – PERFORMS COMMISSIONING (17%)		
Task-11 Commissions HVAC/R systems <ul style="list-style-type: none"> - Performs pre-start-up checks for HVAC/R systems. - Performs start-up of HVAC/R systems. - Completes HVAC/R system charge. - Sets up primary and secondary HVAC/R system components. 	13	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-12 Commissions control systems <ul style="list-style-type: none"> - Performs start-up checks for control systems. - Verifies/sets operating parameters. 	8	<input type="checkbox"/> Yes <input type="checkbox"/> No
F – PERFORMS MAINTENANCE AND SERVICE (23%)		
Task-13 Maintains HVAC/R systems <ul style="list-style-type: none"> - Inspects HVAC/R systems. - Performs predictive and scheduled maintenance on HVAC/R systems. - Tests HVAC/R system components and accessories. 	8	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-14 Services HVAC/R systems <ul style="list-style-type: none"> - Troubleshoots HVAC/R systems. - Repairs HVAC/R systems. 	11	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-15 Maintains and services control systems <ul style="list-style-type: none"> - Performs maintenance and inspection on control systems. - Troubleshoots control systems. - Calibrates operating and safety controls. - Repairs control systems. 	9	<input type="checkbox"/> Yes <input type="checkbox"/> 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.)

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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