

**GASFITTER CLASS A
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.

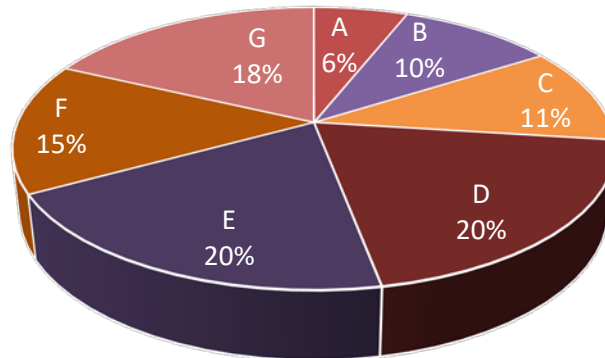
To qualify to challenge certification in this trade, individuals must have:

- **Technical Safety BC (formerly BCSA) Gasfitter Class A Certificate of Qualification – (attach copy of document)**
- 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

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 **100 questions**.



	Major Work Activity / Exam Section	Exam Weightage	Number of Questions in Exam
A	Common Occupational Skills	6%	6
B	Gas piping preparation and assembly	10%	10
C	Venting and air supply systems	11%	11
D	Controls and electrical systems	20%	20
E	Installation of systems and equipment	20%	20
F	Testing and commissioning of gas-fired systems	15%	15
G	Servicing gas-fired systems	18%	18

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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:

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 Gasfitter Class A Experience Accumulated in that Period:
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): _____	

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.

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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JOB TASKS	Number of questions on the Red Seal exam	SUPERVISOR DECLARATION RESPONSE
A – COMMON OCCUPATIONAL SKILLS (6%)		
Task-1 Performs safety-related functions - Uses personal protective equipment (PPE) and safety equipment. - Maintains safe work environment.	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-2 Maintains and uses tools and equipment - Maintains hand, power and powder-actuated tools. - Uses technical instruments and testers. - Uses access equipment. - Operates lifting, rigging and hoisting equipment.	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-3 Plans and prepares for installation, service and maintenance - Interprets drawings and codes. - Selects systems, equipment and components. - Organizes work.	3	<input type="checkbox"/> Yes <input type="checkbox"/> No
B – GAS PIPING PREPARATION AND ASSEMBLY (10%)		
Task-4 Fits tube and tubing for gas piping systems - Prepares tube and tubing for fitting. - Bends tube and tubing for gas piping systems. - Connects tube and tubing for gas piping systems.	3	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-5 Fits plastic pipe for gas piping systems - Prepares plastic pipe for fitting. - Connects plastic pipe for gas piping systems.	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-6 Fits steel pipe for gas piping systems - Prepares steel pipe for fitting. - Connects steel pipe for gas piping systems.	5	<input type="checkbox"/> Yes <input type="checkbox"/> No
C – VENTING AND AIR SUPPLY SYSTEMS (11%)		
Task-7 Installs venting - Lays out venting. - Prepares venting material for assembly.	5	<input type="checkbox"/> Yes <input type="checkbox"/> No

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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JOB TASKS	Number of questions on the Red Seal exam	SUPERVISOR DECLARATION RESPONSE
- Connects material for venting.		
Task-8 Installs air supply system - Lays out air supply system. - Connects air supply systems.	4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-9 Installs draft control systems - Installs natural draft control systems. - Installs mechanical draft control systems.	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
D – CONTROLS AND ELECTRICAL SYSTEMS (20%)		
Task-10 Selects and installs electronic components - Performs selection and installation of combustion controls. - Performs selection and installation of flame safeguards. - Performs selection and installation of safety and operating controls.	7	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-11 Selects and installs electrical components - Selects electrical components. - Performs assembly and connection of electrical components.	7	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-12 Installs automation and instrumentation control systems - Performs selection of automation and instrumentation control systems. - Performs assembly and connection of automation and instrumentation control systems.	6	<input type="checkbox"/> Yes <input type="checkbox"/> No
E – INSTALLATION OF SYSTEMS AND EQUIPMENT (20%)		
Task-13 Installs gas-fired system piping and equipment - Installs gas-fired equipment. - Installs gas piping systems. - Connects gas supply to equipment. - Connects equipment to energy distribution systems.	8	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-14 Installs gas-fired system components - Installs valve trains. - Installs accessories.	8	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-15 Installs propane storage and handling systems - Installs propane storage systems.	4	<input type="checkbox"/> Yes <input type="checkbox"/> No

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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JOB TASKS	Number of questions on the Red Seal exam	SUPERVISOR DECLARATION RESPONSE
- Installs propane-handling systems.		
F – TESTING AND COMMISSIONING OF GAS-FIRED SYSTEMS (15%)		
Task-16 Tests gas-fired systems - Tests gas piping systems. - Performs start-up procedures.	8	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-17 Commissions gas-fired systems - Performs testing, adjusting and balancing procedures. - Completes commissioning report and handover.	7	<input type="checkbox"/> Yes <input type="checkbox"/> No
G – SERVICING GAS-FIRED SYSTEMS (18%)		
Task-18 Maintains gas-fired systems - Inspects system components and operation. - Performs maintenance activities.	7	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-19 Repairs gas-fired systems - Diagnoses gas-fired equipment and components. - Selects replacement components. - Replaces components. - Verifies operation.	8	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-20 Decommissions gas-fired systems - Disconnects appliances and accessories. - Removes gas-fired systems and components.	3	<input type="checkbox"/> Yes <input type="checkbox"/> No

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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