

# 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 Challenge.

"Gasfitters – Class A" design, install, test, adjust, maintain and repair lines, appliances, equipment and accessories in various sectors. Fuels may include natural gas, manufactured gas, liquefied petroleum gas, digester gas, landfill gas, biogas or a mixture or dilution of any of these gases and Hydrogen and fuel oils. Appliances and equipment include those exceeding 400 000 Btuh (British Thermal Units per hour) or 120 kW (kilowatts) such as boilers, burners, makeup air units, furnaces, process burners, and various other gas-fired equipment.

To qualify to challenge certification in this trade or be granted authority to supervise, individuals must have:

- worked a minimum of **4,500 hours** performing the tasks listed in Section D,
- experience performing at least **70%** of the job tasks listed in Section D, and
- hold one of the following certifications:
  - Technical Safety BC Gasfitter Class B Certificate of Qualification (CofQ) (attach copy of document)
    - SkilledTradesBC Gasfitter Class B CofQ (attach copy of document)
    - Gasfitter Class B Red Seal Endorsement (attach copy of document)
    - Gasfitter Class B CofQ from another Canadian jurisdiction (attach copy of document)

Holders of **Technical Safety BC Gasfitter Class A CofQ**, or holders of **Gasfitter Class A CofQ from another Canadian jurisdiction** will be eligible to challenge this certification by submitting an Exam Application Form along with a copy of the certificate.

#### 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/Busir	ess:	
Business Address (Street Name/Numbe	er, Building/Unit Number):	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 Employmen From:	Total Number Hours of <b>Gasfitter Class A</b> Experience Accumulated in Period:
Job Title of Applicant:	



### EMPLO<mark>YER DECLAR</mark>ATION OF WORK EXPERIENCE

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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 Superviso	r:	Supervisor Position or Title:
Supervisor's Phone Number: ( )		Supervisor E-Mail Address:
Language(s) that the employer/supervisor can com	municate: (ch	eck all that apply)
English Ot	her (please spe	cify):

# 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 (48)	SUPERVISOR DECLARATION RESPONSE	
COMMON OCCUPATIONAL SKILLS		
Performs Safety-Related Functions		
Uses personal protective equipment (PPE) and safety equipment	Yes	🗌 No
Maintains safe work environment	Yes	🗌 No
Maintains And Uses Tools And Equipment		
Maintains hand, power and powder-actuated tools	Yes	🗌 No
Uses technical instruments and testers	Yes	🗌 No
Uses access equipment	Yes	🗌 No
Operates lifting, rigging and hoisting equipment	Yes	🗌 No
Plans And Prepares For Installation, Service And Maintenance		
Interprets drawings and codes	Yes	🗌 No
Selects systems, equipment and components	Yes	🗌 No
Organizes work	Yes	🗌 No

Supervisor must enter name and initials on every page of this form

Supervisor First and Last Name (Please Print):

I hereby certify, that to the best of my knowledge, the information I am providing as a current or past	Supervisor's Initials:
supervisor of the applicant (as named on page 1 of this document), is true and accurate.	



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DECL		RVISOR ARATION PONSE	
GAS PIPING PREPARATION AND ASSEMBLY			
Fits Tube And Tubing For Gas Piping Systems			
Prepares tube and tubing for fitting	Yes	🗌 No	
Bends tube and tubing for gas piping systems	Yes	🗌 No	
Connects tube and tubing for gas piping systems	Yes	🗌 No	
Fits Plastic Pipe For Gas Piping Systems			
Prepares plastic pipe for fitting	Yes	🗌 No	
Connects plastic pipe for gas piping systems	Yes	🗌 No	
Fits Steel Pipe For Gas Piping Systems			
Prepares steel pipe for fitting	Yes	🗌 No	
Connects plastic pipe for gas piping systems	Yes	🗌 No	
VENTING AND AIR SUPPLY SYSTEMS			
Installs Venting			
Lays out venting	Yes	🗌 No	
Prepares venting material for assembly	Yes	🗌 No	
Connects material for venting	Yes	🗌 No	
Installs Air supply Systems			
Lays out air supply systems	Yes	🗌 No	
Connects air supply systems	Yes	🗌 No	
Installs Draft Controls Systems			
Installs natural draft control systems	Yes	🗌 No	
Installs mechanical draft control systems	Yes	🗌 No	
CONTROL AND ELECTRICAL SYSTEMS			
Selects And Installs Electronic Components			
Performs selection and installation of combustion controls	Yes	🗌 No	

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JOB TASKS (48)		SUPERVISOR DECLARATION RESPONSE	
Performs selection and installation of flame safeguards	Yes	🗌 No	
Performs selection and installation of safety and operating controls	🗌 Yes	🗌 No	
Selects And Installs Electrical Components			
Selects electrical components	Yes	🗌 No	
Performs assembly and connection of electrical components	Yes	🗌 No	
INSTALLATION OF SYSTEMS AND EQUIPMENT			
Installs Gas-Fired Systems Piping And Equipment			
Installs gas-fired equipment	Yes	🗌 No	
Installs gas piping systems	Yes	🗌 No	
Connects gas supply to equipment	Yes	🗌 No	
Connects equipment to energy distribution systems	Yes	🗌 No	
Installs Gas-Fired Systems Components			
Installs valve trains	Yes	🗌 No	
Installs accessories	Yes	🗌 No	
Installs Propane Storage And Handling Systems			
Installs propane storage systems	Yes	🗌 No	
Installs propane-handling systems	Yes	🗌 No	
TESTING AND COMMISSIONING OF GAS-FIRED SYSTEMS			
Tests Gas-Fired Systems			
Tests gas piping systems	Yes	🗌 No	
Performs start-up procedures	Yes	🗌 No	
Commissions Gas-Fired Systems			
Performs testing, adjusting and balancing procedures	Yes	🗌 No	

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 Supervisor's Initials:



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JOB TASKS (48)	DECLA	SUPERVISOR DECLARATION RESPONSE	
Completes commissioning report and handover	Tes Yes	🗌 No	
SERVICING GAS-FIRED SYSTEMS			
Maintains Gas-Fired Systems			
Inspects system components and operation	Yes	🗌 No	
Performs maintenance activities	Yes	🗌 No	
Repairs Gas-Fired Systems			
Diagnoses gas-fired equipment and components	Yes	🗌 No	
Selects replacement components	Yes	🗌 No	
Replaces components	Yes	🗌 No	
Verifies operation	Yes	🗌 No	
Decommissions Gas-Fired Systems			
Disconnects appliances and accessories	🗌 Yes	🗌 No	
Removes gas-fired systems and components	🗌 Yes	🗌 No	

#### E. Supervisor Signature

I certify that the information I, as the current or former direct supervisor of the applicant, have provided is true and 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 Signature:	Date Signed: (MM/DD/YYYY)

Supervisor must enter name and initials on every page of this form

 Supervisor First and Last Name (Please Print):

 I hereby certify, that to the best of my knowledge, the information I am providing as a current or past supervisor of the applicant (as named on page 1 of this document), is true and accurate.
 Supervisor's Initials: