

**BOILERMAKER
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 **7,425 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D

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 Boilermaker 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 (7)	Declaration Response
PERFORM SAFETY-RELATED FUNCTIONS Use Personal Protective Equipment, fall protection systems, and fire safety procedures; Control workplace hazards; Interpret OHS regulations and WorkSafeBC standards; Monitor confined space	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USE TOOLS, EQUIPMENT, AND WORK PLATFORMS Use hand tools, power tools and shop fabrication tools, cutting tools and equipment, work platforms and access equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
ORGANIZE WORK Use mathematics, drawings and specifications, communication and mentoring techniques; Handle materials and components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PERFORM CUTTING AND WELDING ACTIVITIES Cut material; Perform welding	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USE RIGGING, HOISTING, AND LIFTING EQUIPMENT Plan lifts; Rig loads; Hoist loads; Fabricate rigging equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
LAY OUT, FABRICATE, AND ASSEMBLE VESSELS AND COMPONENTS Perform fabrication; Align and fit vessels and components; Fasten components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
MAINTAIN, UPGRADE, AND REPAIR VESSELS AND COMPONENTS Inspect and test vessels and components; Service vessels and components; Remove and dismantle vessels and components	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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