## **Apprenticeship Manitoba**

## **Trades Qualification Employer Declaration**

## **Industrial Mechanic**

This form is to be completed by the direct supervisor of the applicant. Information provided in this form will be verified.

A. Applicant Nan	ne		Name of	of the individual declaring their employment experience						
Full name:										
B. Work History Information All information boxes must be completed.										
Di Work instally information										
Organization / Employer name:										
From (yyyy/mm/dd)	:	To (yyyy/m	ım/dd):	Job Title:	b Title:		Total I	Hours	urs Worked:	
Type of Employment:										
C. Declaration of Job Tasks Performed 2013 NOA  □ Check the NO box if you did not personally witness the tasks in the group. □ Check the "Yes" box if you personally witnessed the tasks at the level of a journeyperson. Strike out any individual tasks not witnessed. example										
A – OCCUPATIONAL SKILLS Includes: Performs safety-related functions; Maintains and uses tools and equipment; Performs routine trade tasks;									No Yes	
Performs measuring and layout; Performs cutting and welding operations									162	
B – Rigging, Hoisting/Lifting and Moving									No	
Includes: Plans rigging, hoisting/lifting and moving; Rigs, hoists/lifts and moves load									Yes	
C – Mechanical Components and Systems									No	
<b>Includes:</b> Services prime movers; Services shafts, bearings and seals; Services couplings, clutches and brakes; Services chain and belt drive systems; Services gear systems									Yes	
D – Material Handling/Process Systems									No	
<b>Includes:</b> Services fans and blowers; Services compressors; Services pumps; Services conveying systems; Services									Yes	
process tanks and containers										
E – Hydraulic, Pneumatic and Vacuum Systems									No	
Includes: Services hydraulic systems; Services pneumatic and vacuum systems  F – Preventive and Predictive Maintenance, Testing and Commissioning									Yes	
Includes: Performs preventive and predictive maintenance; Performs specialized testing and analysis; Commissions									No	
equipment									Yes	
ечиринене								Ь		
D. Supervisor/Employer Signature  I certify that the information I, as the current or former direct supervisor provided is accurate. I understand that my support may allow the cand certification exam.										
Signature:						Date: (yyyy/mm/dd)				
Printed name:			Daytime phone:							
·										
Office use only:	Verified - 🗆 Y	es 🗆 No	Signature:		Comme	ents:				