

# Apprenticeship Manitoba

## Trades Qualification Employer Declaration

### Gasfitter Domestic

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

<b>A. Applicant Name</b>	Name of the individual declaring their employment experience
Full name:	

<b>B. Work History Information</b>	All information boxes must be completed.		
Organization / Employer name:			
From (yyyy/mm/dd):	To (yyyy/mm/dd):	Job Title:	Total Hours Worked:
Type of Employment:	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Other		

<b>C. Declaration of Job Tasks Performed 2014 NOA</b>	<input checked="" type="checkbox"/> Check the "No" box if none of the tasks in the group were witnessed by you personally. <input checked="" type="checkbox"/> Check the "Yes" box if you personally witnessed the applicant performing the tasks at the level of a journeyperson. Strike out any individual tasks not witnessed. <del>example</del>	
<b>A – Common Occupational Skills</b> <b>Includes:</b> Performs safety-related functions; Maintains and uses tools and equipment; Plans and prepares for installation, service and maintenance	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>B – Gas Piping Preparation and Assembly</b> <b>Includes:</b> Fits tube and tubing for gas piping systems; Fits plastic pipe for gas piping systems; Fits steel pipe for gas piping systems	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>C – Venting and Air Supply Systems</b> <b>Includes:</b> Installs venting; Installs air supply system; Installs draft control systems	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>D – Controls and Electrical Systems</b> <b>Includes:</b> Selects and installs electronic components; Selects and installs electrical components; Installs automation and instrumentation control systems	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>E – Installation of Systems and Equipment</b> <b>Includes:</b> Installs gas-fired system piping and equipment; Installs gas-fired system components; Installs propane storage and handling systems	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>F – Testing and Commissioning Gas-Fired Systems</b> <b>Includes:</b> Tests gas-fired systems; Commissions gas-fired systems	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>G – Servicing Gas-Fired Systems</b> <b>Includes:</b> Maintains gas-fired systems; Repairs gas-fired systems; Decommissions gas-fired systems	<input type="checkbox"/> No	<input type="checkbox"/> Yes

<b>D. Supervisor/Employer Signature</b>	I certify that the information I, as the current or former direct supervisor of the applicant provided is accurate. I understand that my support may allow the candidate to challenge the certification exam.	
Signature:	Date: (yyyy/mm/dd)	
Printed name:	Daytime phone:	

<b>Office use only:</b>	Verified - <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature:	Comments:
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