

Apprenticeship Manitoba

Trades Qualification Employer Declaration

Gasfitter

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

A. Applicant Name	Name of the individual declaring their employment experience
Full name:	

B. Work History Information	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		

C. Declaration of Job Tasks Performed 2014 NOA	<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 journey person. Strike out any individual tasks not witnessed. example	
A – Common Occupational Skills Includes: 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 – Gas Piping Preparation and Assembly Includes: 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
C – Venting and Air Supply Systems Includes: Installs venting; Installs air supply system; Installs draft control systems	<input type="checkbox"/> No	<input type="checkbox"/> Yes
D – Controls and Electrical Systems Includes: Selects and installs electronic components; Selects and installs electrical components; Installs automation and instrumentation control systems	<input type="checkbox"/> No	<input type="checkbox"/> Yes
E – Installation of Systems and Equipment Includes: 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
F – Testing and Commissioning Gas-Fired Systems Includes: Tests gas-fired systems; Commissions gas-fired systems	<input type="checkbox"/> No	<input type="checkbox"/> Yes
G – Servicing Gas-Fired Systems Includes: Maintains gas-fired systems; Repairs gas-fired systems; Decommissions gas-fired systems	<input type="checkbox"/> No	<input type="checkbox"/> Yes

D. Supervisor/Employer Signature	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:	

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