Apprenticeship Manitoba

Trades Qualification Employer Declaration

Plumber

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 o	he individual declaring their employment experience							
Full name:									
B. Work History Information		All information boxes must be completed.	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:	Type of Employment:								
		☑ Check the NO box if you did not personally with	tness the applicant performing						
C. Declaration of Job Tasks Po									
2016 RSOS	ed the applicant performing								
2016 K3O3		the tasks at the level of a journeyperson.							
		Strike out any individual tasks not witnessed. exa	imple						
MWA A – Performs common occup			□ No						
Includes: Performs safety-related fu	□ Yes								
routine trade activities; Uses commo	□ No								
Includes: Prepares pipe; Joins tube,	□ No □ Yes								
MWA C – Installs, tests and services	stems								
Includes: Installs, tests and services	nd U NO								
services interior drainage, waste and	□ Yes								
MWA D – Installs, tests and service	- N-								
Includes: Installs, tests and services	□ No								
Installs, tests and services pressure s	□ Yes								
MWA E – Installs, tests and services	□ No								
Includes: Installs, tests and services	□ Yes								
equipment	Tes								
-	•	hydronic heating and cooling systems							
Includes: Installs, tests and services	□ No								
cooling piping systems; Installs, test	and								
services hydronic system controls ar		NCC							
MWA G – Installs, tests and services Includes: Installs, tests and services	□ No								
services standpipe systems. (Not Co	□ Yes								
MWA H – Installs, tests and services	□ No								
Includes: Installs, tests and services	□ No □ Yes								
	□ Yes								

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D. Supervisor/Employer Signature			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 - ☐ Yes	□No	Signature:	Comme	ents:	

I certify that the information I, as the current or former direct supervisor of the applicant