Apprenticeship Manitoba

Trades Qualification Statutory Declaration

Plumber

Office use only:

Verified - \square Yes

 \square No

Signature:

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

Unless your work experience hours were gained through self-employment, Trades Qualification applications will not be accepted if they are only accompanied by a Statutory Declaration. Non-self-employed applicants must provide at least one employer declaration from an employer who can verify your work experience.

employer who can verify your work experience.							
A. Applicant Name Name of the			the individ	e individual declaring their employment experience			
Full name:							
B. Reason for Statutory Declaration			Indicat	Indicate why a Statutory Declaration is required?			
\square Employer is no longer in business				☐ Employment records are not available			
$\hfill \square$ Applicant was self-employed (references required)				☐ Employer will not complete Employer Declaration			
If you have been unable to obtain an Employer Declaration from any of your employers, please indicate below all the efforts that you have made to obtain an Employer Declaration. If sufficient evidence of steps taken is not provided, the application may not be approved.							
C. Work History Information				he dates, title, tota this declaration ap	I hours worked, and nature of employment for the		
Organization / Employer name:				Business Registration Number: (self-employed only)			
From (yyyy/mm/dd):	To (yyyy/mm/c	dd):	Job Title:		Total Hours Worked: (only hours on the tools)		
Type of Employment:	☐ Full time	□ Pa	rt time	Seasonal	☐ Self-employed ☐ Other		

Comments:

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D. Declaration of Job Tasks Performed 2016 RSOS th	 ☑ Check the NO box if you did not personally witness the applicant performing the tasks in the group. ☑ 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. example 	
MWA A – Performs common occupational skills Includes: Performs safety-related functions; Uses and maintains too routine trade activities; Uses communication and mentoring technic	□ No □ Yes	
MWA B – Prepares and assembles pipe Includes: Prepares pipe; Joins tube, tubing and pipe	□ No □ Yes	
MWA C – Installs, tests and services sewers, sewage treatment system Includes: Installs, tests and services sewers; Installs, tests and services services interior drainage, waste and vent (DWV) systems	□ No □ Yes	
MWA D – Installs, tests and services water service and distribution Includes: Installs, tests and services water services; Installs, tests and Installs, tests and services pressure systems	□ No □ Yes	
MWA E – Installs, tests and services fixtures, appliances, and wate Includes: Installs, tests and services plumbing fixtures and appliance equipment	□ No □ Yes	
MWA F – Installs, tests and services low pressure steam and hydro Includes: Installs, tests and services low pressure steam systems; In cooling piping systems; Installs, tests and services hydronic heating services hydronic system controls and transfer units	□ No □ Yes	
MWA G – Installs, tests and services fire protection systems NCC Includes: Installs, tests and services flow through fire protection systems. (Not Common Core)	□ No □ Yes	
MWA H – Installs, tests and services specialized systems Includes: Installs, tests and services specialized systems; Installs, tests	□ No □ Yes	

E. Applicant Signature	I certify that the information I provided is accurate.	
Signature:		Date: (yyyy/mm/dd)
Printed name:		Daytime phone:

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F. References	References must be provided for all self-employment Statutory Declaration forms.
experience. This may include a supplier, a forme reference per category.	ions the names and contact information of two people who can verify your self-employed work er employee, a contractor in the industry, or a regular, long term client. Maximum of one enticeship Manitoba to verify the information provided in your application.
First Name:	Last Name:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:
First Name:	Last Name:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address: