

Apprenticeship Manitoba

Trades Qualification Employer Declaration

Refrigeration and Air Conditioning Mechanic - Commercial

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 you did not personally witness the applicant performing the tasks in the group. <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. example
A – Common Occupational Skills Includes: Performs safety-related functions; Uses and maintains tools and equipment; Organizes work	<input type="checkbox"/> No <input type="checkbox"/> Yes
B – Routine Trade Activities Includes: Performs work site preparation; Performs routine trade activities	<input type="checkbox"/> No <input type="checkbox"/> Yes
C – Installation Planning Includes: Plans installation of HVAC/R systems; Plans installation of control systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
D – Installation Includes: Installs HVAC/R systems; Installs control systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
E – Commissioning Includes: Commissions HVAC/R systems; Commissions control systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
F – Maintenance and Service Includes: Maintains HVAC/R systems; Services HVAC/R systems; Maintains and services control 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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