

# Apprenticeship Manitoba

## Trades Qualification Employer Declaration

### Refrigeration and Air Conditioning Mechanic - Residential

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</b> 2006 POA	<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. <b>example</b>
<b>A – Occupational Skills</b> Includes: Communicates with others regarding project; Uses tools and equipment; Installs/repairs/maintains systems per codes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>B – Planning RHVAC Systems</b> Includes: Determines equipment requirements for RHVAC projects; Designs air distribution, including air-volume requirements; Coordinates installation on project jobsite	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>C – Installing RHVAC Systems</b> Includes: Prepares RHVAC-project jobsite for system installation; Installs home heating equipment; Installs home cooling equipment; Installs RHVAC specialty systems; Installs indoor-air quality (IAQ) equipment; Installs operational and safety controls for system; Commissions RHVAC system	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>D – Maintaining RHVAC Systems</b> Includes: Performs planned (preventative) maintenance; Provides emergency (unscheduled) maintenance service; Analyzes existing and/or changing system conditions	<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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