

Apprenticeship Manitoba

Trades Qualification Employer Declaration

Powerline Technician

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 2019 RSOS	<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. example
A – Performs Routine Occupational Skills Includes: Performs safety-related functions; Uses and maintains tools and equipment; Organizes work; Accesses work area; Uses live-line methods; Uses communication and mentoring techniques	<input type="checkbox"/> No <input type="checkbox"/> Yes
B – Installs Structures Includes: Installs pole structures; Installs steel lattice structures	<input type="checkbox"/> No <input type="checkbox"/> Yes
C – Installs Conductor Systems Includes: Installs overhead conductor and cables; Installs underground and underwater cable	<input type="checkbox"/> No <input type="checkbox"/> Yes
D – Installs Auxiliary Equipment Includes: Installs lighting systems; Installs voltage control equipment; Installs protection equipment; Installs metering equipment; Installs communication devices;	<input type="checkbox"/> No <input type="checkbox"/> Yes
E – Performs Operation, Maintenance and Repair Includes: Operates distribution and transmission systems; Maintains distribution and transmission systems; Repairs distribution systems; Repairs transmission 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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