

Apprenticeship Manitoba

Trades Qualification Employer Declaration

Sprinkler System Installer

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: Uses and maintains tools and equipment; Organizes work; Performs common trade activities; Commissions systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
B – Water Supply Installation Includes: Installs underground water supplies; Installs fire and booster pumps; Installs fire department connections; Installs private water supply systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
C – Piping Installation Includes: Prepares piping and fittings for installation; Installs pipe and fittings; Installs piping components	<input type="checkbox"/> No <input type="checkbox"/> Yes
D – Installation and Layout of Fire Protection Systems Includes: Installs water-based systems; Installs specialty fire suppression systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
E – Installation of Detection and Protection Devices and Systems Includes: Installs signal-initiating devices	<input type="checkbox"/> No <input type="checkbox"/> Yes
F – Service of Fire Protection Systems Includes: Maintains and repairs fire protection systems; Inspects and tests fire protection 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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