

# Apprenticeship Manitoba

## Trades Qualification Employer Declaration

### Steamfitter-Pipefitter

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 2014 NOA</b>	<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. <del>example</del>
<b>A – Occupational Skills</b> Includes: Performs safety related functions; Uses and maintains tools and equipment; Organizes work	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>B – Drawings and Specifications</b> Includes: Interprets drawings and specifications; Produces drawings	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>C – Layout, Fabrication and Installation</b> Includes: Performs layout and fabrication; Performs common installation processes; Installs tracing systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>D – Rigging and Hoisting</b> Includes: Plans lift; Hoists load	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>E – Steam System Installation</b> Includes: Installs low pressure process steam systems; Installs high pressure process steam systems; Installs steam heating systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>F – Heating, Cooling and Process System Installation</b> Includes: Installs hydronic systems; Installs process piping systems; Installs hydraulic systems; Installs refrigeration systems; Installs fuel systems; Installs medical gas systems; Installs compressed air systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>G – Renewable Energy System Installation</b> Includes: Installs geo thermal systems; Installs solar heating systems; Installs heat recovery systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>H – Testing and Commissioning</b> Includes: Prepares system for test; Performs test; Commissions systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>I – Maintenance and Repair</b> Includes: Maintains system; Performs repairs	<input type="checkbox"/> No <input type="checkbox"/> Yes

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<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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