

Apprenticeship Manitoba

Trades Qualification Statutory Declaration

Construction Electrician

This form is to be completed by the applicant.

Information provided in this form will be verified.

Unless your work experience hours were gained through self-employment, Trades Qualification applications will not be accepted if they are only accompanied by a Statutory Declaration. Non-self-employed applicants must provide at least one employer declaration from an employer who can verify your work experience.

A. Applicant Name	Name of the individual declaring their employment experience
Full name:	

B. Reason for Statutory Declaration	Indicate why a Statutory Declaration is required?
<input type="checkbox"/> Employer is no longer in business <input type="checkbox"/> Employment records are not available <input type="checkbox"/> Applicant was self-employed (references required) <input type="checkbox"/> Employer will not complete Employer Declaration	
If you have been unable to obtain an Employer Declaration from any of your employers, please indicate below all the efforts that you have made to obtain an Employer Declaration. If sufficient evidence of steps taken is not provided, the application may not be approved.	

C. Work History Information			Enter the dates, title, total hours worked, and nature of employment for the period this declaration applies to.
Organization / Employer name:		Business Registration Number: (self-employed only)	
From (yyyy/mm/dd):	To (yyyy/mm/dd):	Job Title:	Total Hours Worked: (only hours on the tools)
Type of Employment: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Self-employed <input type="checkbox"/> Other			

Office use only:	Verified - <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature:	Comments:
-------------------------	---	------------	-----------

Apprenticeship Manitoba

Trades Qualification Statutory Declaration

Construction Electrician

This form is to be completed by the applicant.
Information provided in this form will be verified.

D. Declaration of Job Tasks Performed 2015 RSOS	<input checked="" type="checkbox"/> Check the "No" box if none of the tasks in the group were performed by you. <input checked="" type="checkbox"/> Check the "Yes" box if you performed the tasks at the level of a journeyperson. Strike out any individual tasks not performed. Ex. installs motors
A – OCCUPATIONAL SKILLS Includes: Performs safety-related functions; Uses tools and equipment; Organizes work; Fabricates and installs support components; Commissions and decommissions electrical systems; Uses communication and mentoring techniques	<input type="checkbox"/> No <input type="checkbox"/> Yes
B – INSTALLS, SERVICES AND MAINTAINS GENERATING, DISTRIBUTION AND SERVICE SYSTEMS Includes: Consumer/supply services and metering equipment; protection devices; Distribution equipment; Power conditioning, uninterruptible power supply and surge suppression systems; Bonding and grounding protection systems; Power generation systems; Renewable energy systems; High voltage systems; Transformers	<input type="checkbox"/> No <input type="checkbox"/> Yes
C – INSTALLS, SERVICES AND MAINTAINS WIRING SYSTEMS Includes: Raceways, cables and enclosures; Branch circuitry; Heating, ventilating and air-conditioning (HVAC) systems; Electric heating systems; Exit and emergency lighting systems; Cathodic protection systems;	<input type="checkbox"/> No <input type="checkbox"/> Yes
D – INSTALLS, SERVICES AND MAINTAINS MOTORS AND CONTROL SYSTEMS Includes: Motor starters and controls; Drives; Motors; Installs, programs, services and maintains automated control systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
E – INSTALLS, SERVICES AND MAINTAINS SIGNALING AND COMMUNICATION SYSTEMS Includes: Signaling systems; Communication systems; Integrated control systems	<input type="checkbox"/> No <input type="checkbox"/> Yes

E. Applicant Signature	I certify that the information I provided is accurate.	
Signature:	Date: (yyyy/mm/dd)	
Printed name:	Daytime phone:	

Apprenticeship Manitoba

Trades Qualification Statutory Declaration

Construction Electrician

This form is to be completed by the applicant.
Information provided in this form will be verified.

F. References	References must be provided for all self-employment Statutory Declaration forms.
Include with your completed Statutory Declarations the names and contact information of two people who can verify your self-employed work experience. This may include a supplier, a former employee, a contractor in the industry, or a regular, long term client. Maximum of one reference per category.	
Each individual listed will be contacted by Apprenticeship Manitoba to verify the information provided in your application.	

First Name:	Last Name:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

First Name:	Last Name:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address: