

**Record of Work Experiences
Trade Qualifier or Pre Apprenticeship Credits**

BOILERMAKER

Applicant Information

| | | | |
|--|--------------------|----------------------|--------------------|
| Name: _____ | | | |
| <i>Surname</i> | <i>First</i> | <i>Initial</i> | |
| Address: _____ / _____ / _____ / _____ | | | |
| <i>P. O. Box/Street</i> | <i>City/Town</i> | <i>Province</i> | <i>Postal Code</i> |
| Telephone: (____) _____ | Cell: (____) _____ | Email address: _____ | |

Employer Information & Verification

| | | | | | |
|--|-------------------------|--|--------------------|------------|-------------|
| <u>Note to Employer</u> | | | | | |
| By completing the section below you are confirming that the hours indicated for the applicant are specific to employment in the <u>Boilermaker Occupation</u> . | | | | | |
| Verified By: _____ | | | | | |
| <i>Company Name</i> | | | | | |
| Address: _____ / _____ / _____ / _____ | | | | | |
| <i>P. O. Box/Street</i> | <i>City/Town</i> | <i>Province</i> | <i>Postal Code</i> | | |
| Telephone: (____) _____ | * CRA Business #: _____ | | | | |
| | <i>9 Digits</i> | | | | |
| _____ <i>Employer or Representative Signature</i> | | _____ <i>Employer or Representative (Print)</i> | | | |
| Date of applicant's employment from: _____ / _____ / _____ | | to: _____ / _____ / _____ | | | |
| <i>Month</i> | <i>Day</i> | <i>Year</i> | <i>Month</i> | <i>Day</i> | <i>Year</i> |
| Total Hours of Employment the applicant worked in the <u>Boilermaker Occupation</u> : _____ Hours | | | | | |
| * CRA - Canadian Revenue Agency | | | | | |

Please check the appropriate box:

| | |
|--|---|
| <p>Trade Qualifiers</p> <p><input type="checkbox"/></p> | <p>The <u>signature of the Journeyperson</u> following each of the required skills acknowledges the applicant has met the competencies in each of the skill areas according to the Industry Standard associated with this occupation.</p> |
| <p>Pre- Apprenticeship Credits</p> <p><input type="checkbox"/></p> | <p>The <u>signature of the Journeyperson</u> following each of the required skills acknowledges the applicant has performed in each of the skill areas appropriate for this occupation.</p> |

- The Occupational Advisory Committee in the Boilermaker Occupation has identified the work experiences or skills listed below as those required for the occupation.
- Journeypersons must be certified in the occupation stated by this document. A Journeyperson in another occupation may sign certain sections if the skills are common to both occupations.

| Skills Required For Certification | Journeyperson Signature | Verified By Applicant |
|---|-------------------------|-----------------------|
| Occupational Skills | | |
| Use common hand tools | | |
| Use measuring and layout tools | | |
| Use cutting, grinding and shaping tools and equipment | | |
| Use welding tools and equipment | | |
| Use lifting tools and equipment | | |
| Use safety and environmental tools and equipment | | |
| Use metals | | |
| Use fiberglass and fiberglass-reinforced materials | | |
| Interpret drawings and specifications | | |
| Interpret charts and handbooks | | |
| Interpret codes, standards and regulations | | |
| Interpret general construction documents | | |
| Identify welding process | | |
| Prepare joint | | |
| Fit joint | | |
| Perform tack weld | | |

| Skills Required For Certification | Journeyperson Signature | Verified By Applicant |
|--|-------------------------|-----------------------|
| Weld joint | | |
| Inspect components | | |
| Perform tests | | |
| Interpret tests | | |
| Remove tools and equipment | | |
| Remove materials | | |
| Rigging and Hoisting | | |
| Assemble work platforms | | |
| Use self-propelled platforms | | |
| Hang swing structures | | |
| Determine rigging requirements | | |
| Select slings | | |
| Install rigging apparatus | | |
| Assemble hoisting equipment | | |
| Determine load weights | | |
| Perform lifting operation | | |
| New Construction | | |
| Ensure site preparation | | |
| Inspect jobs | | |
| Organize tools and equipment in new construction | | |
| Organize and store materials in new construction | | |
| Communicate with others | | |
| Maintain safe work area | | |
| Transfer components | | |
| Pre-assemble components | | |
| Secure components | | |
| Align components | | |
| Fit components | | |
| Expand tubes | | |

| Skills Required For Certification | Journeyperson Signature | Verified By Applicant |
|---|-------------------------|-----------------------|
| Bolt components | | |
| Tack components | | |
| Maintenance and Repair | | |
| Interpret plant procedures | | |
| Obtain permits | | |
| Ensure site preparation and safety | | |
| Inspect scope of work | | |
| Organize tools and equipment for maintenance and repair | | |
| Follow plant communication procedures | | |
| Continually monitors work progress | | |
| Identify problem | | |
| Identify solution | | |
| Obtain resources | | |
| Maintain components | | |
| Repair components | | |
| Dismantle components | | |
| Remove materials | | |

Note to Journeypersons

- Journeypersons who have applied their signatures to the skills required for the certification section of this document must complete the following sections.
- The Institutional and Industrial Education Division, for the purpose of verification, may contact Journeypersons who have applied their signatures to skills for applicants.

Journeyperson Supervisor Verification

Name: _____
Surname *First* *Initial*

Address: _____ / _____ / _____ / _____
P. O. Box/Street *City/Town* *Province* *Postal Code*

Telephone: (____) _____ Cell phone: (____) _____

Email address: _____

Certificate Number: _____ and/or I.P. Number: _____

Name (signature): _____

Journeyperson Supervisor Verification

Name: _____
Surname *First* *Initial*

Address: _____ / _____ / _____ / _____
P. O. Box/Street *City/Town* *Province* *Postal Code*

Telephone: (____) _____ Cell phone: (____) _____

e-mail: _____

Certificate Number: _____ and/or I.P. Number: _____

Name (signature): _____

For Office Use Only

Credit: _____

Approved by: _____ Date: _____

month / day / year

Note To Trade Qualifier Applicants

If employer verification is not possible please contact the nearest Institutional and Industrial Education Office to discuss available options.

Contact Information

email: app@gov.nl.ca

Toll-Free Telephone: 1-877-771-3737